

# 2017 Light Truck Request Form (Part 1 of 2)

New Unit ID #

For office use only



<input type="checkbox"/> Replacement Vehicle <input type="checkbox"/> New Vehicle Request # _____ [Please number each new request in sequence, 1,2,3 etc]	VEMA Customer # _____
--	-----------------------

## 1. Replacement Vehicle Information (if replacing a vehicle, please indicate the following)

Existing Unit # _____	Existing Licence Plate # _____
-----------------------	--------------------------------

## 2. Contact Information

Organization Name _____	Date Submitted (yyyy-mm-dd) _____
Completed by _____	Phone _____ Fax _____
Email _____	

## 3. Vehicle Details (Use Truck Spec Catalogue Only)

Specification # _____	Description _____
-----------------------	-------------------

## Additional Information

## 4. Expected Use

Assignment Type	Driver Information
<input type="checkbox"/> Assigned to driver <input type="checkbox"/> Shared Pool Vehicle	Name: _____ Phone: _____ Email (if applicable): _____
Est. Annual Distance: _____ kms	Base Location: _____
Vehicle Use <input type="checkbox"/> Driver Only <input type="checkbox"/> Passenger <input type="checkbox"/> Hauling Goods <input type="checkbox"/> Other (Specify) _____	
Driving Conditions	
City _____ Off-Road _____ Highway _____ Gravel _____ Other _____ Specify _____ %                      %                      %                      %                      %	

## 5. Factory Options

Seating		Engine Size	Fuel Type
<input type="checkbox"/> Bucket <input type="checkbox"/> Power (Driver's Seat) <input type="checkbox"/> Centre Console	<input type="checkbox"/> Bench <input type="checkbox"/> Power (Driver's Seat) <input type="checkbox"/> 40/20/40, folding centre armrest/ enclosed storage <input type="checkbox"/> 40/20/40, with folding centre armrest	<input type="checkbox"/> 4 Cyl <input type="checkbox"/> 5 Cyl <input type="checkbox"/> 6 Cyl <input type="checkbox"/> 8 Cyl	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel (for higher kms/towing) <input type="checkbox"/> Hybrid (gas/electric)
<input type="checkbox"/> Lumbar <input type="checkbox"/> Power Lumbar			<b>Transmission</b> <input type="checkbox"/> Automatic <input type="checkbox"/> Manual
Truck Doors	Standard Equipment		
<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door (select one only) <input type="checkbox"/> 4-Conventional <input type="checkbox"/> 2-Conventional, with 2-Swing Out <input type="checkbox"/> Crew Cab – 4 Full Size, Conventional	<input type="checkbox"/> Bluetooth /Hands-Free <input type="checkbox"/> Factory Remote Start <input type="checkbox"/> Factory Security System (activates lights and horn only) <input type="checkbox"/> Cab Chassis (select one only) <input type="checkbox"/> Transfer Existing Box <input type="checkbox"/> Install New Box <input type="checkbox"/> Cab to Axle (C.A.) _____ <input type="checkbox"/> Dual Rear Wheels		
Truck Doors — Compact Truck Only	<input type="checkbox"/> 4x2 or <input type="checkbox"/> 4x4 GVW _____ Payload _____ <b>Box Length (select one only)</b> <input type="checkbox"/> 5'6" (crew cab only) <input type="checkbox"/> 6' min. (between 72" and 82") <input type="checkbox"/> 8' (1/2-ton only available on 2-conventional, with 2-swing out doors)		
<input type="checkbox"/> 2-Conventional, with 2-Swing Out <input type="checkbox"/> 4-Conventional			

6. ☐ Requesting VEMA-installed options? Please complete Part 2 for EACH vehicle, if required.

Vehicle Coordinator Signature _____	Date (yyyy-mm-dd) _____
-------------------------------------	-------------------------

## 2017 Light Truck Request Form:

### VEMA-installed Options (Part 2 of 2 — If Required)



<input type="checkbox"/> Replacement Vehicle
<input type="checkbox"/> New Vehicle Request # _____ [Please number each new request in sequence, 1,2,3 etc]

VEMA Customer # _____
-----------------------

Existing Unit # _____	Existing Licence Plate # _____
-----------------------	--------------------------------

#### 1. Contact Information for VEMA-installed Options Only

(if ordering options, please indicate the contact below for details)

Contact Name _____	Phone _____
Email _____	

#### 2. Vehicle Options

Refer to the "VEMA-installed Options List" to ensure you are selecting the proper item(s).

Truck Cap	(if required, please select all that apply) <input type="checkbox"/> Standard Height <input type="checkbox"/> Specialty <input type="checkbox"/> Raised <input type="checkbox"/> Same colour as truck
Box Liner	<input type="checkbox"/> Spray-On Under-Rail Only
Tonneau Cover	(not available with tool box) <input type="checkbox"/> Roll Top <input type="checkbox"/> Fold Top <input type="checkbox"/> Specialty
Tool Box	(if required, please select one) <input type="checkbox"/> Cross-over Gull-Wing (standard depth) <input type="checkbox"/> Cross-over Gull-Wing (deep) <input type="checkbox"/> Single Lid Cross-over (standard depth) <input type="checkbox"/> Single Lid Cross-over (deep) <input type="checkbox"/> Chest (standard depth) <input type="checkbox"/> Chest (deep)
Headache Rack	(if required, please select one) <input type="checkbox"/> Full Mesh <input type="checkbox"/> Side Mesh <input type="checkbox"/> Bar Style
Box Rails	<input type="checkbox"/> Square Tubing (for use with Mesh Headache Rack only)
Side Step	<input type="checkbox"/> Tubular Bar

#### 3. Lighting Options

Light Bar	<input type="checkbox"/> Whelen Legacy Duo, Super-LED
Mini Light Bar	(if required, please select one) <input type="checkbox"/> Permanent Mount (wired in with switch) <input type="checkbox"/> Magnetic Mount (plugs into 12V power source)
Traffic Advisor (controller included)	(if required, please select one) <input type="checkbox"/> Whelen LINEAR6 Linear Super LED front load, 8 module (2 3/8" x 45 1/8") <input type="checkbox"/> Whelen 500 Series Linear Super LED front load, 12 module (16" x 46") <input type="checkbox"/> Whelen 500 Series Linear Super LED front load, 16 module (23" x 46")
Light Heads <input type="checkbox"/> Front and/or <input type="checkbox"/> Rear	<input type="checkbox"/> Whelen LINZ6 Super LED Low Profile Lights <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> Whelen VERTEX Super LED Low Profile Lights <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Whelen ION Surface Mount Super LED Low Profile Lights <input type="checkbox"/> Red/Blue <input type="checkbox"/> Blue <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/> White

#### Important!

ONLY those requirements identified on this form, when submitted to VEMA, will be installed on this vehicle.

## 2017 Light Truck Request Form: VEMA-installed Options (Part 2 of 2 — If Required)



<input type="checkbox"/> Replacement Vehicle
<input type="checkbox"/> New Vehicle Request # _____ [Please number each new request in sequence, 1,2,3 etc]

VEMA Customer # _____
-----------------------

Existing Unit # _____	Existing Licence Plate # _____
-----------------------	--------------------------------

### 1. Contact Information for VEMA-installed Options Only (if ordering options, please indicate the contact below for details)

Contact Name _____	Phone _____
Email _____	

### 4. Computer and Communication Equipment (select type of equipment, if required)

<b>Computer-Mounted Equipment</b> <input type="checkbox"/> Docking Station <input type="checkbox"/> Computer Mount  Make _____ Model _____	<b>Communication Equipment</b> <input type="checkbox"/> Transfer Existing Equipment Model _____ Asset Tag # _____ <input type="checkbox"/> New Equipment Request Model #1: _____ Model #2: _____ <input type="checkbox"/> Provided by customer <input type="checkbox"/> Ordered by Radio Services
--	--

### 5. Miscellaneous Accessories and Tires (if required, please select all that apply)

<input type="checkbox"/> Booster Cables <input type="checkbox"/> Bug Screen <input type="checkbox"/> Decals/Markings Pkg #: _____ <input type="checkbox"/> First Aid Kit	<input type="checkbox"/> Mud Flaps <input type="checkbox"/> Shovel <input type="checkbox"/> Survival Kit (food, candle, stove) <input type="checkbox"/> VEMA Duffel Bag <input type="checkbox"/> Blacked-out Window Tint <b>(limited visibility)</b>	<b>Tires</b> <b>(please see the VEMA-installed Options List)</b> <input type="checkbox"/> Mountain Snowflake (year-round) <input type="checkbox"/> Winter Ice Radials (includes rims with Low Tire Pressure Sensors - <b>if available</b> ) <input type="checkbox"/> Non-Standard <b>Specify</b> _____  <b>(VEMA is not responsible for tire storage)</b>
--	--	--

### 6. Trailer Hitch and Wiring (please see the VEMA-installed Options List, page 1 — if required, check one from each column only)

Hitch Class	Ball Size	Trailer Plug In	
<input type="checkbox"/> Class 3 (3,500 - 5,000 lbs.)	<input type="checkbox"/> 1 7/8"	<input type="checkbox"/> 4 Pin	<input type="checkbox"/> Electric Brakes <b>(optional)</b>
<input type="checkbox"/> Class 4 (5,000 - 8,000 lbs.)	<input type="checkbox"/> 2"	<input type="checkbox"/> 6 Pin	
<input type="checkbox"/> Class 5 (up to 10,000 lbs)	<input type="checkbox"/> 2 5/16"	<input type="checkbox"/> 7 Pin	

### Important!

ONLY those requirements identified on this form, when submitted to VEMA, will be installed on this vehicle.