



Vehicle Information Sheet

This form is required to be submitted with the Labor Contractor's License Application if vehicles will be used in the operation of the contractor's business or to transport workers. In addition, a Certificate of Insurance must be submitted with this form for each and every vehicle used to transport workers. The Certificate of Insurance must identify the vehicle insured by description and vehicle identification number ("VIN") and **name the Bureau of Labor and Industries as the certificate holder**. Any additional vehicles acquired during the course of the license year must be reported immediately and applicable insurance certificates provided.

Please type or print legibly. If more space is needed, this form may be photocopied or additional pages may be attached which provide all of the information required on this form.

Vehicle #1	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a Certificate of Insurance attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Vehicle #2	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a Certificate of Insurance attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Vehicle #3	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a Certificate of Insurance attached?	<input type="checkbox"/> YES <input type="checkbox"/> NO	



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Vehicle #4	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is a Certificate of Insurance attached? YES NO

Vehicle #5	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is a Certificate of Insurance attached? YES NO

Vehicle #6	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is a Certificate of Insurance attached? YES NO

Vehicle #7	Year: _____	License Plate #: _____
	Make: _____	State of Licensure: _____
	Model: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	<i>(Street Address, City, State & ZIP)</i>	
	Is this vehicle used to transport workers?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Is a Certificate of Insurance attached? YES NO