

**Bureau of Labor and Industries**Wage and Hour Division
Labor Contracting Unit**Vehicle Information Sheet**

This form is required to be submitted with the labor contractor's license application for all vehicles to be used in the operation of the contractor's business. In addition, proof of insurance must be submitted with this form for each and every vehicle used to transport workers. Proof of insurance includes the certificate of an insurance producer licensed in Oregon or documentation of (1) the insurance number, (2) the amount of coverage and (3) the name of the insurance producer.

Any additional vehicles acquired must be reported immediately along with proof of insurance if the vehicle is to be used to transport workers.

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: _____
	Body Style: _____	Vehicle Serial #: _____
	Registered Owner: _____	
	Address: _____	
	(Street Address, City, State & ZIP)	
	Is this vehicle used to transport workers? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is proof of insurance attached? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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

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

Vehicle #4	Year:	_____	License Plate #:	_____
	Make:	_____	State of Licensure:	_____
	Body Style:	_____	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 proof of insurance attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Vehicle #5	Year:	_____	License Plate #:	_____
	Make:	_____	State of Licensure:	_____
	Body Style:	_____	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 proof of insurance attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Vehicle #6	Year:	_____	License Plate #:	_____
	Make:	_____	State of Licensure:	_____
	Body Style:	_____	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 proof of insurance attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Vehicle #7	Year:	_____	License Plate #:	_____
	Make:	_____	State of Licensure:	_____
	Body Style:	_____	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 proof of insurance attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		