

ATV REPLACEMENT APPLICATION FORM

Please complete this form if your Crew Supplies and Services budget has one or more approved ATV(s) but you have been informed that you may not get every ATV.

Please complete a separate form for each replacement vehicle you are requesting.

Crew: _____

Replacement Vehicle:

Owner: _____

Year: _____ Make _____

Model _____ VIN: _____

Total Charge Against Crew Supplies and Services Budget: _____

Parking Needs: _____

Other Requests:

If Vehicle is a Car or Truck:

State and License plate # _____

Insurance Provider: _____

Policy # _____

Oregon Country Fair will cover the deductible up to \$1,000 and will provide additional coverage as a second to your policy. This is why we are asking for your insurance information. Please provide a copy of the front and back of your insurance card.

To be covered as part of OCF insurance, all drivers must have a valid driver's license:

Drivers:

Name: _____

Driver's License State: _____ Driver's License # _____

Name: _____

Driver's License State: _____ Driver's License # _____

Name: _____

Driver's License State: _____ Driver's License # _____

Attach Additional Pages if Needed

Signed: _____ Date: _____

Printed Name: _____

Approved by: _____ Date: _____

Notes: