



California Risk Management Authority
7170 N. Financial Drive, Suite#130
Fresno, CA 93720
(559) 476-2999
lperez@crma-jpa.org

Vehicle Inventory Reporting Form

TRACY LEARNING CENTER

Add:

- | | |
|---|--|
| 1. Vehicle # _____
(i.e., 1, 2, 3) | 2. Year Model _____ |
| 3. Make/Model _____
(Example: Chevy ½ T. Pickup) | 4. Usage _____
(Food Service, Maint., etc.) |
| 5. Number of Passengers _____ | 6. Purchase Price \$ _____ |
| 7. Date Acquired _____ | 8. Diesel - Yes
(leave blank if under 6,000 lbs.) _____ |
| 9. Vehicle ID Number (VIN) _____ | |

Delete:

- | |
|----------------------------|
| 1. Vehicle # _____ |
| 2. Make/Model _____ |
| 3. Vehicle ID Number _____ |
| 4. Effective Date _____ |

Please complete this form when adding and/or deleting any school vehicles - then email to lperez@crma-jpa.org

Thank you,