

Non-Owned Equipment Liability Information/ Change Request Form

SYSTEM MEMBER INFORMATION

System Member: _____

Department Name: _____ Phone: () -

Contact Person: _____ Fax: () -

Title: _____ Email: _____

Mailing Address: _____

Start Date: _____ End Date: _____

Use of Vehicle: _____

County: _____

EQUIPMENT INFORMATION

Vehicle Status: ☐ System-Owned ☐ Donated ☐ ****Leased** ☐ Other _____

****Attach copy of lease agreement**

Vehicle Owner: _____

(If Not System-Owned)

Owner Phone: _____ Owner Fax: _____

Vehicle Type: _____ Value: _____

Year: _____ Make and Model: _____

Vehicle Identification Number: _____

License Plate Number: _____ Gross Vehicle Weight: _____

System Member Representative Signature

Date

RISK MANAGEMENT USE ONLY

Date Received _____

Date Entered _____



EAP



HNO



ID Card Issued



PHYS DMG



LIAB



COI





The Texas A&M University System

