



RISK MANAGEMENT PROGRAM
 P.O. Box 165460
 Little Rock, Arkansas 72216
 1-866-223-9587 phone
 501-687-0225 fax

MOBILE EQUIPMENT CHANGE FORM

SCHOOL DISTRICT: _____ LEA#: _____

CAMPUS: _____

ADDITION EFFECTIVE DATE: _____

YEAR	MAKE / MODEL	COMPLETE VIN OR SERIAL #	PRICE

DELETION EFFECTIVE DATE: _____

YEAR	MAKE / MODEL	COMPLETE VIN OR SERIAL #	PRICE

Signature of Person Authorizing Change

Date

|| Contact Person E-mail Address: _____