



AAC RISK MANAGEMENT SERVICES

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 Little Rock, AR 72201
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MOBILE EQUIPMENT CHANGE FORM

COUNTY: _____

DATE: _____

DEPARTMENT: _____

ADDITIONS

EFFECTIVE DATE: _____

YEAR	MAKE/MODEL	LAST 4 OF VIN/SERIAL NUMBER	STATE COVERAGE AMOUNT OR INDICATE LIABILITY ONLY

DELETIONS

EFFECTIVE DATE: _____

YEAR	MAKE/MODEL	LAST 4 OF VIN/SERIAL NUMBER

SIGNATURE OF PERSON AUTHORIZING CHANGE	DATE
CONTACT INFORMATION	SPECIAL INSTRUCTIONS