



### Vehicle Acquisition Form

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First*

Department's Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_

*City* *Province* *Postal Code*

Registered Owner: \_\_\_\_\_ Lessee: \_\_\_\_\_

Driver's Licence #: \_\_\_\_\_

#### Vehicle Information

Year: _____	Make: _____
Model: _____	VIN #: _____
Licence Plate #: _____	Cost of Purchase \$: _____
Funding Source (e.g., Department, research grant, etc.): _____	Dealership or Place of Purchase: _____

City & Province: \_\_\_\_\_

Lease Agreement Dates: \_\_\_\_\_

#### Approved Drivers for Vehicle

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

**Signature**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit this form to Bryan McGann, Insurance & Risk Manager**  
Email: [insurance@queensu.ca](mailto:insurance@queensu.ca)  
Mail: Risk and Safety Services, 355 King Street West (1st Floor West Wing)  
Phone: 613-533-2005