



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

Mail: Risk and Safety Services, Richardson Hall Suite152

Phone: 613-533-2005