



Navajo Nation Risk Management Program

Vehicle Addition, Deletion or Change Form

Post Office Box 1690 Window Rock, Arizona 86515

Phone: (928) 871-6335 Fax: (928) 871-6087

NN Government/ NN Enterprise/NN Chapter Name:					Dept #:
Mailing Address:					
City:		State:		Zip:	
Physical Address:					
City:		State:		Zip:	
Contact Name:		Telephone #:			
Position Title:		Email:			
Vehicle # 1					
<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change indicate reason:					
State vehicle is registered: <input type="checkbox"/> Arizona <input type="checkbox"/> New Mexico <input type="checkbox"/> Utah					
Is the vehicle: <input type="checkbox"/> Owned/Purchased <input type="checkbox"/> Lease/GSA Vehicle <input type="checkbox"/> Transfer <input type="checkbox"/> Donated					
Year:		Make:		Model:	
Vin #:		License Plate #:		NT/Vehicle #:	
*Provide supporting documentation i.e., Purchase or Lease Agreement					
Vehicle # 2					
<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change indicate reason:					
State vehicle is registered: <input type="checkbox"/> Arizona <input type="checkbox"/> New Mexico <input type="checkbox"/> Utah					
Is the vehicle: <input type="checkbox"/> Owned/Purchased <input type="checkbox"/> Lease/GSA Vehicle <input type="checkbox"/> Transfer <input type="checkbox"/> Donated					
Year:		Make:		Model:	
Vin #:		License Plate #:		NT/Vehicle #:	
*Provide supporting documentation i.e., Purchase or Lease Agreement					
Vehicle # 3					
<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change indicate reason:					
State vehicle is registered: <input type="checkbox"/> Arizona <input type="checkbox"/> New Mexico <input type="checkbox"/> Utah					
Is the vehicle: <input type="checkbox"/> Owned/Purchased <input type="checkbox"/> Lease/GSA Vehicle <input type="checkbox"/> Transfer <input type="checkbox"/> Donated					
Year:		Make:		Model:	
Vin #:		License Plate #:		NT/Vehicle #:	
*Provide supporting documentation i.e., Purchase or Lease Agreement					
Vehicle # 4					
<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change indicate reason:					
State vehicle is registered: <input type="checkbox"/> Arizona <input type="checkbox"/> New Mexico <input type="checkbox"/> Utah					
Is the vehicle: <input type="checkbox"/> Owned/Purchased <input type="checkbox"/> Lease/GSA Vehicle <input type="checkbox"/> Transfer <input type="checkbox"/> Donated					
Year:		Make:		Model:	
Vin #:		License Plate #:		NT/Vehicle #:	
*Provide supporting documentation i.e., Purchase or Lease Agreement					

Name & Title

Signature

Date

***Note: Additional verification to be determined by RMP**