Kentucky Division of Emergency Management - Vehicle Information Form

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| --- | --- | --- | --- | --- | --- | --- |
| **Vehicle Number** | **Vehicle ID****(Rescue 4, EC-1, etc)** | **Model Year** | **Manufacturer** | **Vehicle ID Number (VIN)** | **License Number** | **General Purpose** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |

If your Rescue Squad has more than 12 vehicles, please use another copy of this form.