



RISK MANAGEMENT PROGRAM

P.O. Box 165460
Little Rock, AR 72216
1-866-223-9587 phone
501.687.0225 fax

MOBILE EQUIPMENT CHANGE FORM

SCHOOL DISTRICT: _____ LEA#: _____

CAMPUS: _____

ADDITION EFFECTIVE DATE: _____

| YEAR | MAKE / MODEL | COMPLETE VIN OR SERIAL # | PRICE |
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DELETION EFFECTIVE DATE: _____

| YEAR | MAKE / MODEL | COMPLETE VIN OR SERIAL # | PRICE |
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Signature of Person Authorizing Change

Date