



SJC AVI/DECAL INSTALLATION REQUEST SHEET

Company Name _____ **SJC Agreement #** _____
Account Type _____ **Date** _____ **TCP/PSC Number** _____

By submitting this form you certify that the information submitted is true and correct and that all vehicles listed are in compliance with all aspects of the Ground Transportation Program, including but not limited to appearance, markings, maintenance and insurance requirements.

INSTRUCTIONS:

- (1) Provide all vehicle information
 - (2) Limit of four vehicles per appointment
 - (3) DO NOT PRINT & SIGN THIS DOCUMENT; SIGNATURE WILL BE OBTAINED THE DAY OF THE APPOINTMENT
- A current insurance Accord certificate showing all vehicles are covered to correct amounts must be submitted with this form.

Vehicle Year	Vehicle Make	Vehicle Model	License Plate	Full VIN	Co. Veh. #	Seats w/driver	Color	DATE/TIME OF INSTALL: INSTALLER LAST NAME:	AVI Tag #	Decal #
									E02202B4	
									E02202B4	
									E02202B4	
									E02202B4	

COMPANY REPRESENTATIVE ACCEPTANCE / WAIVER: Operator accepts the installation of the AVI transponder ("tag") and waives any and all claims against the City due to the tag, and for any incidental damage caused to the vehicle by installing or removing the tag, unless solely caused by the negligence of the City.

VEHICLE STANDARDS: Operator understands that all vehicles shall be maintained in good and safe mechanical condition and otherwise in compliance with the California Vehicle Code and the California Public Utilities Code. All Vehicles shall be clean and free of any visible damage shall have hubcaps and door handles and all equipment required by the California Vehicle Code and the California Public Utilities Code, if applicable.

NO TAMPERING: Operator understands and accepts that tampering with the tag may result in citations, liquidated damages or other disciplinary action. Removing a tag for any reason, including windshield replacement, invalidates the vehicle for use at the airport. Once removed, sticker tags may not be reused.

Name (Print)	Signature	Date
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Additional Notes: _____

Non-Billable (indicate reason): _____

Data Entry By/Date: _____