

# Annual Vehicle Inventory

(\*Submit by December 31<sup>st</sup>)

Sub-recipient: \_\_\_\_\_

Funding Type:  5311  5310

Vehicle Type:  Bus  Lowered Floor Minivan  Regular Van  12-Passenger Van  Other

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Mileage: \_\_\_\_\_

Model: \_\_\_\_\_ Vehicle ID #: \_\_\_\_\_

Rate the current condition of the following:

	1 - Poor	2 - Marginal	3 - Adequate	4 - Good	5 - Excellent
Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair Restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Related Equipment ( <i>specify</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

\_\_\_\_\_  
Authorized Sub-recipient Representative

\_\_\_\_\_  
Date

\* Submit completed form electronically to Wayne Masek at [wayne.masek@nebraska.gov](mailto:wayne.masek@nebraska.gov)