NYS Office of General Services

Serving New York

*Bureau of Risk Insurance & Fleet Management*
*Phone (518) 474-4725*
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# INSURED VEHICLE UPDATE FORM

**Agency:**
**Agency Code:**
**Date of Request:**
**Contact Name and Number:**

| Year | Make | Model | VIN | Vehicle Type | Vehicle Type- If it is a BUS, supply the number of seats; If it is a TRUCK, supply the Gross Vehicle Weight. | Location/ County of Vehicle | Vehicle ID/ Plate # If plate is a transfer, please indicate. | Registrant Name and Address | Add/Change/Delete (Insert A, C or D) |
|---|---|---|---|---|---|---|---|---|---|
| **Example** 2005 | Ford | Taurus | 1253FFFJKKK56789 | PPT | Bus - 6 Seats OR Truck - 33,000 lbs | Albany County | 9944XX | Name of Agency/ Company Vehicle is Registered to | A |
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