

Grissettown Longwood Fire & Rescue

Personnel Vehicle Information Checklist

Date of Review: _____

Member's Name: _____

Driver's License Number: _____ Any Restriction? Yes No

Vehicle Make: _____ Vehicle Model: _____

Vehicle Year: _____ License Plate: _____

Required Documents

Current Registration: Yes No Year: _____

Current State Inspection: Yes No Year: _____

Proof of Insurance: Yes No Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Any Emergency Lights or Sirens: Yes No

Inspected By: _____ Date: _____