

## **AVI APPLICATION FORM**

Company Name:					
Contact Person:					
Address:					
	City	State			Zip Code
Email address:		Oldio			2.p 0000
Telephone:					
License Plates	Description (Make, Model, Year)	Class*	US/MEX	Driver/Eco #	Office use only

<sup>\*</sup> Classes Auto/Pickup (1) Truck 2ax (2) Truck 3ax (3) Truck 4ax (4) Truck 5 ax (5) Truck 6ax (6) Bus 8)