

TRANSPORTATION CHECKLIST

Transportation Information & Document Checklist			
Check that you have the relevant transportation information on hand, or know where it can be found.			
✓	Item	Notes	Location
	Vehicle	Year: Make: Model: Color: Vehicle Identification Number (VIN):	
	Vehicle #2	Year: Make: Model: Color: Vehicle Identification Number (VIN):	
	Auto Loan Information	Loan Period: Loan Amount: Financier:	
	Vehicle Title(s)		
	Vehicle Registration(s)		
	Vehicle Insurance	Provider/Policy #: Expiration Month(s):	
	Roadside Assistance	Provider/Policy #:	

	Emergency Kit	<input type="checkbox"/> First Aid Kit <input type="checkbox"/> Flashlight <input type="checkbox"/> Blankets <input type="checkbox"/> Salt <input type="checkbox"/> Water <input type="checkbox"/> Spare Tire & Jack <input type="checkbox"/> Jumper Cables/Battery Pack <input type="checkbox"/> List of Emergency Contacts	
	Lifts & Ramps	Installation Date: Service Recommendations: Use Instructions:	
	Recreational Vehicle(s)	Description: Vehicle Identification Number (VIN): Insurance (Company, Policy #, Renewal Month(s)):	
	Transportation Services	Provider Name: Cost: Route Numbers:	

