

Vehicle Transfer Form

Date: _____

Name: _____

Department: _____

Phone: _____

Campus Mailing Address: _____

Main Campus

Health Science Campus

West Research Campus

FOAPA: _____

Authorized Approval: _____

Vehicle Information

Complete Vehicle Vin #: _____

Value \$: _____

Year: _____

Plate#: _____

Odometer Mileage: _____

Make: _____

Model: _____

ECU ID #: _____

Transfer Vehicle To

Date: _____

Name: _____

Department: _____

Phone: _____

Campus Mailing Address: _____

FOAPA: _____

Authorized Approval: _____

Insurance Selection

Liability Only

Add Comprehensive and collision

Please direct questions and completed form to:

Jay Surles

Risk Management and Insurance Specialist

207-D Spilman Building

Phone- 328-2010

Surlesj16@ecu.edu

