



Vehicle Change Form

School Board: The Board of Trustees of The Parkland School Division

Contact Name: _____ **Effective Date:** _____

Phone No.: _____ **Fax No.:** _____

Type of Change: ☐ **Addition** ☐ **Deletion** ☐ **Amendment**

Year / Make / Model: _____

Serial Number: _____

Use of Vehicle: _____ **Passenger Size:** _____

Unit No.: _____ **Does the vehicle have a wheelchair lift?** ☐ **Yes** ☐ **No**

Value (Excluding GST): _____

Contract Bus Operator (If Applicable):

Name: _____

Address: _____

Phone: _____

☐ **Loss Payable** or ☐ **Lessor** (Please provide full name and address)

Coverages: Based on the type of vehicle being added, this will determine the level of coverage.
Please refer to the Auto Insurance Policy.

Signature: _____

Position: _____

Dated: _____

Please Return To:

The Parkland School Division
Attention: Gail Lewis email: gail.lewis@psd.ca
Attention:
Phone No.: 780-963-8453