



City of Albany, Oregon

VEHICLE CERTIFICATE APPLICATION (One form per vehicle)

Application Date _____

Business:

Business Name _____

Business Owner _____

Business Phone # _____

Vehicle:

Make _____ Model _____ Year _____

License Plate # _____ VIN # _____

Insurance:

Company Name _____

Policy # _____ Expiration Date _____

(Please include a copy of your insurance certificate with the City of Albany as a certificate holder.)

Applicant:

Signature _____ Print Name _____

Partner(s):

Signature _____ Print Name _____

Signature _____ Print Name _____

(If there are additional partners, please attach a sheet with the names and addresses listed.)

The operator shall carry insurance of no less than \$500,000 per accident.

Split-limit coverage will not be accepted.

Payment received _____
Approval _____