REHABILITATION ENGINEERING & TECHNOLOGY PROGRAM

Vehicle Modification Vendor Application For Florida Vocational Rehabilitation

Instructions: Complete this form & submit to the local Rehab. Engineering office along with supporting licenses, certifications & documents.

Local RE Office Contact: _____ Phone: _____

1. BUSINESS INFORMATION:

(COPY OF OCCUPATIONAL LICENSE & PROOF OF FEIN TO BE ATTACHED)

A.

BUSINESS NAME:	
OWNER(S) NAME(S):	
ADDRESS:	
TELEPHONE NUMBER:	FAX NUMBER:
FEDERAL TAX ID NUMBER:	COUNTIES SERVED:

B. NUMBER OF YEARS IN OPERATION: _____

C. COVERED WORKSHOP AREA: _____sq. feet

D. INSURANCE INFORMATION: (COPIES TO ATTACHED)

I. NAME (S) OF INSURANCE CARRIERS:

_____

_____

II. TYPES OF INSURANCE CURRENTLY OBTAINED:

GARAGE KEEPERS- MIN. $300,000 YES NO

FINISHED PRODUCT LIABILITY- MIN. $1,000,000 YES NO

III. WORKMAN'S COMPENSATION CARRIER: _____

E. LIST MEMBERSHIPS OR PROFESSIONAL ASSOCIATIONS AFFILIATED TO: (Use additional sheets if necessary)

_____

_____

2. TRAINING AND EXPERIENCE

(COPIES OF CERTIFICATES TO BE ATTACHED- Use additional sheets if necessary)

GROUP A- MECHANICAL MODIFICATIONS

TYPE OF MODIFICATION	MANUFACTURERS AUTHORIZED	NAME OF PERSON (S) INSTALLING EQUIPMENT	CERTIFICATION/ TRAINING RECEIVED	DATE RECEIVED	NUMBER OF YEARS EXP. PRESENT COMPANY	NUMBER OF YEARS EXP. PREVIOUS COMPANY(S)
UNOCCUPIED WHEELCHAIR CARRIERS & LOADERS						
MECHANICAL GAS & BRAKE HAND CONTROLS						
ELECTRIC PARKING BRAKE						
WHEELCHAIR RESTRAINTS						

GROUP B- OCCUPIED LIFTS AND ELECTRICAL DEVICES

TYPE OF MODIFICATION	MANUFACTURERS AUTHORIZED	NAME OF PERSON (S) INSTALLING EQUIPMENT	CERTIFICATION/ TRAINING RECEIVED	DATE RECEIVED	NUMBER OF YEARS EXP. PRESENT COMPANY	NUMBER OF YEARS EXP. PREVIOUS COMPANY(S)
POWER SECONDARY CONTROLS e.g. touch-pads, toggle switches						
POWER DOOR OPENERS						
POWER SEAT BASES						
OCCUPIED LIFTS						
DUAL BATTERY						

GROUP C- MODIFIED STEERING & BRAKING

TYPE OF MODIFICATION	MANUFACTURERS AUTHORIZED	NAME OF PERSON (S) INSTALLING EQUIPMENT	CERTIFICATION/ TRAINING RECEIVED	DATE RECEIVED	NUMBER OF YEARS EXP. PRESENT COMPANY	NUMBER OF YEARS EXP. PREVIOUS COMPANY(S)
MODIFIED EFFORT BRAKING						
MODIFIED EFFORT BRAKING						
STEERING COLUMN EXTENSION						

GROUP D- ADVANCED/SPECIALIZED STEERING, POWER ASSISTED BRAKING & GAS

TYPE OF MODIFICATION	MANUFACTURERS AUTHORIZED	NAME OF PERSON (S) INSTALLING EQUIPMENT	CERTIFICATION/ TRAINING RECEIVED	DATE RECEIVED	NUMBER OF YEARS EXP. PRESENT COMPANY	NUMBER OF YEARS EXP. PREVIOUS COMPANY(S)
SERVO PRIMARY CONTROLS e.g. EGB						
MULTI-AXIS STEERING						
JOYSTICK/ ONE-HANDED GAS/BRAKE/ STEERING						

GROUP E- STRUCTURAL

TYPE OF MODIFICATION	MANUFACTURERS AUTHORIZED	NAME OF PERSON (S) INSTALLING EQUIPMENT	CERTIFICATION/ TRAINING RECEIVED	DATE RECEIVED	NUMBER OF YEARS EXP. PRESENT COMPANY	NUMBER OF YEARS EXP. PREVIOUS COMPANY(S)
POWER PLAN						
LOWERED FLOOR						
GAS TANK RELOCATION						
RAISED DOOR						
RAISED ROOF						

GROUP F- MINI-VANS

TYPE OF MODIFICATION	MANUFUACTURERS AUTHORIZED
LOWERED FLOOR MINI-VANS	

3. <u>EQUIPMENT & WORKSHOP FACILITY</u>:

A. LIST ALL MAJOR EQUIPMENT AVAILABLE ON PREMISES (E.G. LATHE, MILLING MACHINE, WELDING MACHINE ETC.) (*Use additional sheets if necessary)*

EQUIPMENT DESCRIPTION	MAKE	MODEL

B. LIST ALL WORK CURRENTLY CONTRACTED OUT & NAME/ADDRESS OF SUB. CONTRACTOR (e.g. painting, welding, etc.)

_____

_____

_____

4. CUSTOMER SERVICES:

A. At least one Wheelchair accessible restroom available: YES NO

B. Normal Business Hours: _____

C. EMERGENCY AFTER HOURS SERVICE AVAILABLE: YES NO

D. AIR CONDITIONED ACCESSIBLE LOUNGE/WAITING ROOM: YES NO

5. EXAMPLES OF WORK THAT WILL BE AVAILABLE TO BE INSPECTED BY RETC FOR QUALIFICATION PURPOSES (*Note at least two examples must be able to demonstrate ability to perform class of work considered*)

I acknowledge to the best of my knowledge that the above information and any attachments are true, correct, complete and made in good faith. I have reviewed the Florida VR Standards manual and will comply with them for all work done for Vocational Rehabilitation.

SIGNATURE:_____ DATE:_____

NAME (Print):_____ TITLE:_____

Enclosed with application:

- ☐ Copy of occupational license
- ☐ Copy of applicable business licenses
- ☐ Copy of training certifications
- ☐ Copy of proof of FEIN (W-9, FEIN Certificate or Social Security Card)
- ☐ Copy of Insurance coverage