



Autonomous Vehicle Program Application

Date: _____

APPLICANT INFORMATION

Applicant: _____

Physical Address: _____

Street Address

City

State

ZIP Code

Mailing Address _____

(If different from Address):

Street Address

City

State

Zip Code

Principal Point-Of-Contact for the Applicant

Name: _____ Title: _____

Phone: _____ Email: _____

VEHICLE INFORMATION

Vehicle 1	License Plate Number:	_____
	State Issued:	_____
	Year, Make & Model:	_____
	VIN Number if applicable:	_____
Vehicle 2	License Plate Number:	_____
	State Issued:	_____
	Year, Make & Model:	_____
	VIN Number if applicable:	_____
Vehicle 3	License Plate Number:	_____
	State Issued:	_____
	Year, Make & Model:	_____
	VIN Number if applicable:	_____
Vehicle 4	License Plate Number:	_____
	State Issued:	_____
	Year, Make & Model:	_____
	VIN Number if applicable:	_____

* If Additional space is needed, please fill out addition vehicle information form.

SAFETY DRIVER INFORMATION

Legal Name:	Driver License Number:	State Issued:

LOCATION INFORMATION

List of counties and, if applicable, first and second class cities where autonomous driving is expected to occur over the life of the program. If testing will only occur on limited routes, only provide the route names.

PROGRAM TIMEFRAME

Begin Date: _____

End Date: _____