



**DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE CALIFORNIA STATE FIRE MARSHAL
FIRE ENGINEERING DIVISION
PORTABLE FIRE EXTINGUISHER PROGRAM
SERVICE VEHICLE INSPECTION REPORT**

Company Name: _____

Physical Address: _____

City: _____ Zip: _____

Contact Person: _____ Phone Number: _____

VEHICLE 1	
Year/Make/Model	
VIN Number	
License Number	
Expiration	
Registered Owner	
Address	
City, State, Zip	
Legal Owner	
Insurance Co	
Insurance Expires	

VEHICLE 3	
Year/Make/Model	
VIN Number	
License Number	
Expiration	
Registered Owner	
Address	
City, State, Zip	
Legal Owner	
Insurance Co	
Insurance Expires	

VEHICLE 2	
Year/Make/Model	
VIN Number	
License Number	
Expiration	
Registered Owner	
Address	
City, State, Zip	
Legal Owner	
Insurance Co	
Insurance Expires	

VEHICLE 4	
Year/Make/Model	
VIN Number	
License Number	
Expiration	
Registered Owner	
Address	
City, State, Zip	
Legal Owner	
Insurance Co	
Insurance Expires	