

Arizona Department of Transportation Equipment Services VEHICLE LOCATION TRANSFER REQUEST

Equip iD			
From:		То:	
COUNTY		COUNTY	
ZIP CODE		ZIP CODE	
Effective Transfer Date		AGENCY: NAME NUMBER	
NEW LOCATION ADDRESS			
* A TRANSFER FORM MUST BE COMPLETED FOR EACH PIECE OF NUMBERED EQUIPMENT			
Reason for Location Transfer			
Authorized By (PRINT)			
Phone Number			

EQLOCTRANFRM ADOT 04/24