



Date: _____ Vehicle VIN: (last 5 digits) _____ PSC SYSTEM ID: _____

PSC Billing Code:
(Required)

Agency / Institution Code
(For PSC Use ONLY) -

Optional Agency Tracking Number:
 (For Agency Use ONLY - 10 Digits Max) _____

Agency Name _____

Comment:

Contact Name _____

Address _____

City / Zip _____

Telephone _____

Email Address _____

Vehicle Location _____

Service Provider _____

Address _____

City / Zip _____

Telephone _____

◆ Sub-Contractor (if used): _____

◆ Service Start Date: _____

◆ OES-PSC-214 Vehicle Check-In/Check-Out Required ◆ Service Completion Date: _____

Authorization to perform work on the following vehicle:

Year _____ Make/Type _____ License _____ Unit _____

Equipment to be installed or removed:

Inst	Rem	Type	Manufacturer/ Model	Serial #	PSC Service No.	Agency Property No.
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____



Vehicle VIN: (last 5 digits) _____ **PSC SYSTEM ID:** _____

Work to be performed shall be limited to those items checked on the following list:

Inst	Rem		Inst	Rem	
_____	_____	Trunk mount radio			Red/blue flashing light behind vehicle grill, complete
_____	_____	Front mount radio	<input type="checkbox"/>	<input type="checkbox"/>	Front mirror light
_____	_____	Heavy equipment radio	<input type="checkbox"/>	<input type="checkbox"/>	Tape recorder jack
<input type="checkbox"/>	<input type="checkbox"/>	Scanner receiver	<input type="checkbox"/>	<input type="checkbox"/>	Back flash
<input type="checkbox"/>	<input type="checkbox"/>	PA System with speaker	<input type="checkbox"/>	<input type="checkbox"/>	Kennel
<input type="checkbox"/>	<input type="checkbox"/>	Radio outside speaker	<input type="checkbox"/>	<input type="checkbox"/>	Concealed control head/mic
<input type="checkbox"/>	<input type="checkbox"/>	Cellular hands-free kit	<input type="checkbox"/>	<input type="checkbox"/>	Concealed trunk radio unit
<input type="checkbox"/>	<input type="checkbox"/>	Portable radio charger system	<input type="checkbox"/>	<input type="checkbox"/>	Concealed headliner mic assy
<input type="checkbox"/>	<input type="checkbox"/>	Radio console	<input type="checkbox"/>	<input type="checkbox"/>	Concealed siren switch
<input type="checkbox"/>	<input type="checkbox"/>	Map reading light	<input type="checkbox"/>	<input type="checkbox"/>	Rear light defeat toggle switch
<input type="checkbox"/>	<input type="checkbox"/>	Secure Idle	_____	_____	Shotgun rack & lock
<input type="checkbox"/>	<input type="checkbox"/>	Flashlight holder	_____	_____	Shotgun release button/timer
<input type="checkbox"/>	<input type="checkbox"/>	PA mic jack	<input type="checkbox"/>	<input type="checkbox"/>	MDT / Computer Mount
<input type="checkbox"/>	<input type="checkbox"/>	Speaker mute switch	<input type="checkbox"/>	<input type="checkbox"/>	Pistol lock box
_____	_____	Aux switch	<input type="checkbox"/>	<input type="checkbox"/>	Molded rear seat
_____	_____	Glass or roof mount antenna	<input type="checkbox"/>	<input type="checkbox"/>	Protective screen
<input type="checkbox"/>	<input type="checkbox"/>	Disguise cowl-mount antenna	<input type="checkbox"/>	<input type="checkbox"/>	Window bar set
_____	_____	Pillar spotlight	<input type="checkbox"/>	<input type="checkbox"/>	Door pop
<input type="checkbox"/>	<input type="checkbox"/>	Overhead spotlight	<input type="checkbox"/>	<input type="checkbox"/>	Door skins
<input type="checkbox"/>	<input type="checkbox"/>	Power Tamer	<input type="checkbox"/>	<input type="checkbox"/>	Push bumper
<input type="checkbox"/>	<input type="checkbox"/>	Neutral tap	<input type="checkbox"/>	<input type="checkbox"/>	Window drop
<input type="checkbox"/>	<input type="checkbox"/>	Electronic siren, complete	<input type="checkbox"/>	<input type="checkbox"/>	Fan
<input type="checkbox"/>	<input type="checkbox"/>	Lightbar	<input type="checkbox"/>	<input type="checkbox"/>	Heat / stall sensor
<input type="checkbox"/>	<input type="checkbox"/>	Wig-wag flasher, complete			
<input type="checkbox"/>	<input type="checkbox"/>	Arrow stick with controller			
<input type="checkbox"/>	<input type="checkbox"/>	Rear warning lights, complete			
<input type="checkbox"/>	<input type="checkbox"/>	Rear strobes (undercover only)			
<input type="checkbox"/>	<input type="checkbox"/>	Front corner strobes			

Hourly Installation Rate (HIR) Labor _____ Hours Authorized Install Technician Name: _____
 (Explain in comments box, above) (Printed Name Only)

To sign the form, click on the signature field, sign into your Adobe account, and use your signature. Do Not use the Fill & Sign button in Adobe DC.

Agency Authorization
 Print Name: _____
 Signature _____
 Date _____

PSC Area Supervisor Authorization
 Print Name: _____
 Signature _____
 Date _____

Upon completion of service forward this form to the following address:
 Public Safety Communications, Attn: Billing and Cost Recovery Unit, 601 Sequoia Pacific Blvd.,
 Sacramento, CA 95811-0231