



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

Customer Account Number: _____
(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 _____

Service Call Trip is a one-way fee based on the miles from the Subcontractors closest shop location to the clients location.

Service Call Trips **51-100 miles** ☐ _____ Days **101+ miles** ☐ _____ Days

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	_____	_____	Rear light defeat toggle switch
<input type="checkbox"/>	<input type="checkbox"/>	Secure Idle	_____	_____	Shotgun rack & lock
<input type="checkbox"/>	<input type="checkbox"/>	Flashlight holder	<input type="checkbox"/>	<input type="checkbox"/>	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	_____	_____	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 Hours Install Technician Name: _____
☐ Rate (HIR) Labor Authorized (Printed Name Only) _____
(Explain in comments box, above)

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