VEHICLE LIST

Contractor's Name: _____ Telephone No: _____ EPA Number Contract Number: _____

PRIORITY*:	Year	Make	Model	Vehicle License NO.	Provide Driver's (owner's) name for Privately owned vehicles	Current Navel base pass exp. Date

"I certify that the following documents are current and will be kept current during the period of this contract: vehicle registration, vehicle safety check, vehicle insurance and drivers' license of all personnel driving vehicles

_____ Printed Name _____ Signature _____ Title

1).*PRIORITY: Initial batch processing of vehicle passes must be limited to vehicles required during the early phases of the contract work. Indicate such vehicles by an asterisk (*) under the PRIORITY coluem. All other passes will be issued on a "will call" basis later when requested.

2). Ford island vehicle passes are limited to ten vehicle per contractor.

3). Passes for privately owned vehicles will only be issued for driven by owner of the vehicles.

EXHIBIT F