



# Driver Rehabilitation Program

Center for Biomedical Engineering and Rehabilitation Science

## VEHICLE INFORMATION FORM

**NOTE:** Please complete this form as completely as possible.  
Do not purchase a vehicle for modification prior to te assessment.

\_\_\_\_ I DO NOT HAVE A VEHICLE AVAILABLE FOR MODIFICATION.

Client's Name \_\_\_\_\_ Date \_\_\_\_\_  
Registered Owner of Vehicle \_\_\_\_\_  
Relationship to Client \_\_\_\_\_

### DESCRIPTION OF VEHICLE

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Vehicle Identification Number (V.I.N.) \_\_\_\_\_  
Mileage (Actual) \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_

### FACTORY EQUIPMENT

Please check the factory equipment included on this vehicle.

- |  |   |
|--|---|
| <input type="checkbox"/> Power Steering            | <input type="checkbox"/> Automatic Transmission             |
| <input type="checkbox"/> Power Brakes - Disc       | <input type="checkbox"/> Manual Transmission                |
| <input type="checkbox"/> Power Brakes - ABS        | <input type="checkbox"/> Sliding Side Door - Driver Side    |
| <input type="checkbox"/> Air Conditioner           | <input type="checkbox"/> Sliding Side Door - Passenger Side |
| <input type="checkbox"/> Rear Air Conditioner      | <input type="checkbox"/> Swing Side Doors                   |
| <input type="checkbox"/> Power Windows             | <input type="checkbox"/> Trailer Towing Package             |
| <input type="checkbox"/> Power Door Locks          | <input type="checkbox"/> Load Leveling Suspension           |
| <input type="checkbox"/> Power Driver Seat         | <input type="checkbox"/> Heavy Duty Suspension              |
| <input type="checkbox"/> Speed (Cruise) Control    | <input type="checkbox"/> Hand Parking Brake                 |
| <input type="checkbox"/> Tilt Steering             | <input type="checkbox"/> Foot Parking Brake                 |
| <input type="checkbox"/> Power Exterior Mirrors    | <input type="checkbox"/> Split Bench Seat                   |
| <input type="checkbox"/> Other (please list) _____ |   |

### AFTER-MARKET EQUIPMENT & MODIFICATIONS

Please list any additional items (custom conversion, raised roof, wheelchair lift, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Return Form to:

Driver Rehabilitation Program  
Louisiana Tech University  
711 S. Vienna  
Ruston, LA 71270  
(318) 257-4562 Phone  
(318) 255-4175 FAX

