



CAAS GVS - FSAM REGISTRATION

Manufacturer (FSAM):

Address:

City:

State:

Zip:

Website:

Phone:

NHTSA Registration #:

The following FSAM employees are authorized to act on behalf of our company in transactions with CAAS GVS:

Authorized representative #1 name and title:

Authorized representative #1 email:

Authorized representative #2 name and title:

Authorized representative #2 email:

By completing this registration, FSAM attests that they will comply with all verification and certification requirements for GVS vehicles they produce and certify. Details for compliance are fully outlined in CAAS GVS Section D.

I acknowledge that CAAS GVS provides no recommendation or validation of any ambulance manufacturer or their certifications, and cannot be held responsible for any discrepancy, misunderstanding or misrepresentation by our company.

I further authorize CAAS GVS to use our company name and logo for purposes of including us in any future listing of CAAS GVS registered FSAM companies.

After completing the form above, please print and physically sign before mailing to the address below.

Signed by Officer of the company:

Printed Name & Title:

Date:

SEND TO:

CAAS GVS • 1926 Waukegan Road, Suite 300, Glenview, Illinois 60025-1770

Phone: 847.657.6828 • Fax: 847.657.6825 • info@groundvehiclestandard.org