

# Replacement/Transfer Request Form

## Company Vehicle Operations

Complete applicable information only.  
Allow 48-72 hours for this form to be processed.  
This form must be completed and signed by the participant. Incomplete forms will not be processed.

Type of Agreement:  Retiree Lease

### Participant Information

Name: \_\_\_\_\_ CID: \_\_\_\_\_

First Name Last Name

Address: \_\_\_\_\_

Street City State Zip

E-Mail: \_\_\_\_\_

Home Phone: ( ) Cell Phone: ( )

VIN: \_\_\_\_\_ Vehicle Mileage: \_\_\_\_\_

(Last 8 characters) Year Make Model

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

### Transaction Information

Retiree Sale  
 CDI Sale  Totaled  Stolen  Interim

**If vehicle has been totaled:**

Claim Number: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

**If vehicle has been stolen:**

Police Report Number: \_\_\_\_\_ Location: \_\_\_\_\_  
Reported City

Date Stolen: \_\_\_\_\_

**Contact the Marshaling Center at (833) 550-5783 for  
procedures and requirements when purchasing a used vehicle.**

This form may be emailed, faxed or mailed to:  
**Company Vehicle Operations**  
4300 South Lapeer Road  
CIMS: 438-01-00  
Orion Township, MI 48359  
Email: [cocars@stellantis.com](mailto:cocars@stellantis.com) / Fax: (248) 512-0571