

# 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 (248) 754-1011 for procedures and requirements when purchasing a used vehicle.**

This form may be emailed, faxed or mailed to:  
**Company Vehicle Operations**  
1000 Chrysler Drive  
CIMS: 485-06-04  
Auburn Hills, MI 48326  
Email: [cocars@fcagroup.com](mailto:cocars@fcagroup.com) / Fax: (248) 512-0571