



OVR VEHICLE CHECKOUT ACCEPTANCE

Check Out Date: _____

****For all purchase orders that include a vehicle modification checkout, the Vocational Rehabilitation Counselor (VRC) MUST complete this checklist PRIOR TO signing the checkout notice.****

_____ Copy of the participant’s valid driver’s license

_____ Copy of vehicle registration

_____ Copy of vehicle insurance coverage and limitations

_____ Certificate from a qualified mechanic regarding the condition of the vehicle, including power train, brakes, electrical system, body and safety features, for any vehicle over three (3) years old or with 50,000 miles or more on the odometer

PARTICIPANT AFFIDAVIT OF UNDERSTANDING FOR VEHICLE PURCHASE ASSISTANCE

In requesting the Office of Vocational Rehabilitation (OVR) to assist with the purchase of vehicle modifications to enable me to pursue my rehabilitation program, I have been informed and fully understand that:

OVR’s primary objective is to assist with the purchase and use of adapted equipment which allows me to achieve my vocational goal of competitive integrated employment. It is my responsibility to pay the costs of maintaining this vehicle and equipment. ****I understand that a lien will be placed on this vehicle in the amount expended by OVR to install the approved modifications and that I (or my heirs or estate in the event of my death) will be responsible to reimburse OVR the amount remaining on the lien should I choose to dispose of the vehicle before the lien is fully recovered.****

I am responsible for accepting this vehicle with the described adaptations, and I understand that OVR, its agents or employees have neither the expertise nor the professional qualifications to make any certifications regarding the vehicle. I acknowledge that no representation with respect to the vehicle has been made by any such agent or employee on behalf of OVR.

_____	_____
Participant	Date
_____	_____
Counselor	Date
_____	_____
Modification Evaluator	Date
_____	_____
Vehicle Modification Vendor	Date