



# CAAS GVS - REMOUNTER REGISTRATION

Remounter:

Address:

City:  State:  Zip:

Website:

Phone:

NHTSA Registration: (Provide Number - Mandatory)

*The following remounter 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, remounter attests that they will comply with all requirements for GVS remount standard vehicles they produce as compliant. Details for compliance are fully outlined in CAAS GVS Remount Standard.*

*I acknowledge that CAAS GVS provides no recommendation or validation of any ambulance remounter or their compliance, 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 remounters.

*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](mailto:info@groundvehiclestandard.org)