



Indiana Vehicle Update Form

Provider Company Name: _____

Date: _____

Check One: **ADD** **UPDATE** **DELETE**

Completed By: _____

VIN #	Make	Model	Year	Type of Vehicle	License Plate #	Tag Expiration	Odometer Reading	Tag Registration

Do not send in vehicle inspections as vehicle addition notification. Send in this sheet for updates and additions (include registration and inspection).

Mail or fax a copy of the updated form and documents to:

**WellTrans Indiana Compliance Dept.
9245 N Meridian St, Suite 225
Indianapolis, IN 46260**

Fax: 317-875-4670