GENERAL MOTORS FLEET
SPECIAL VEHICLE MANUFACTURER

NON UPFIT RELEASE FORM

EMAIL **SVM.mailbox@gm.com**

DATE _____

VIN #

*Max of 20 VINS per submission form

1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

MODEL _____ **CODE**

SVM NAME _____ 59- _____

CONTACT E-MAIL ADDRESS _____ 56- _____

DEALERSHIP NAME _____

DEALERSHIP CODE _____

CUSTOMER NAME _____

CUSTOMER ADDRESS _____

_____

_____

REASON FOR REQUEST:

SVM SIGNATURE X _____

GM ACCOUNT MANAGER SIGNATURE X _____

Please retain the approved copy in the vehicle file jacket for future assessment audits.