



Fleet

SVM NON UPFIT RELEASE FORM

EMAIL SVM.mailbox@gm.com

DATE _____

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

*Max of 20 VINS per submission form

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.