

# VEHICLE PURCHASE OR MODIFICATION VERIFICATION COVER SHEET

VCB-30-09202 (New 01/2022)



CalVCB Application No.: \_\_\_\_\_

Please review the checklist below to ensure that all of the necessary information is included. Details regarding each item are provided in the attached letter.

## Please submit the following items:

- \_\_\_ This cover sheet
- \_\_\_ A letter from your physician
- \_\_\_ A written explanation for your vehicle purchase request (if applicable). See details in the attached letter.
- \_\_\_ A copy of the bill, invoice, purchase agreement, receipt, or a written estimate of the modification or purchase of the vehicle
- \_\_\_ A letter from a mobility specialist or a report from a rehabilitation specialist. See details in the attached letter.
- \_\_\_ A copy of the valid driver's license for the person who will be driving/operating the vehicle.
- \_\_\_ Denial letter from the Veterans Administration Adaptive Equipment Program (if applicable)

## Mail, fax or email this documentation to:

**CalVCB**  
**P.O. Box 3036**  
**Sacramento CA 95812**  
**Fax: 866.902.8669**  
**Email: [preauthorizationrequest@victims.ca.gov](mailto:preauthorizationrequest@victims.ca.gov)**

If you have any questions, please feel free to call our Customer Service representatives at 800.777.9229.

