

ATTACHMENT A

Bid Title: Ground Maintenance for Utilities

J & J BOWERS
Lawn Care

PRICING SUMMARY

| Line Item | Description | Sq. Ft. | Unit Price (Per Mow) | Extended Price |
|-----------|--|------------|----------------------|----------------|
| 1 | 5 Million Water Tank – 801 W. Omaha St. | 42,212.80 | \$ 90.00 | \$ 130.00 |
| 2 | 101st St. Water Tower – 3911 S. Hickory | 54,590.27 | \$ 100.00 | \$ 150.00 |
| 3 | 209th Lift Station – 4501 E. Kenosha St. | 7,921.77 | \$ 45.00 | \$ 75.00 |
| 4 | Adams Creek NW Lift Station – 2950 N. 37th St. | 60,961.31 | \$ 100.00 | \$ 150.00 |
| 5 | Baptist Church Water Tower – 121 W. Granger St. | 24,814.47 | \$ 75.00 | \$ 125.00 |
| 6 | Green Briar Booster Pump Station – 4221 N. Aspen Ave. | 4,934.76 | \$ 45.00 | \$ 75.00 |
| 7 | The Greens Lift Station – 3490 N. 23rd St. | 7,929.75 | \$ 45.00 | \$ 75.00 |
| 8 | Indian Springs CC Lift Station – 900 W. Quinton St. | 12,020.04 | \$ 45.00 | \$ 75.00 |
| 9 | Old Adams Creek Lift Station (Area 1) – 1800 N. 65th St. | 101,314.77 | \$ 120.00 | \$ 165.00 |
| 10 | Old Adams Creek Lift Station (Area 2) – 1800 N. 65th St. | 88,688.24 | \$ 110.00 | \$ 135.00 |
| 11 | Parklane Lift Station – 81st & 233 E Ave | 8,051.17 | \$ 45.00 | \$ 75.00 |
| 12 | Shadow Trails Lift Station – 4213 W. Winston St. | 12,580.40 | \$ 50.00 | \$ 85.00 |
| 13 | Stone Horse Lift Station – 7506 S. Indianwood Ave | 8,390.81 | \$ 45.00 | \$ 75.00 |
| 14 | Tiger Hill Water Tanks – 715 E. Kenosha St. | 38,949.49 | \$ 80.00 | \$ 125.00 |
| 15 | Wellstone Lift Station – 7751 E. Kenosha St. | 2,260.34 | \$ 45.00 | \$ 75.00 |
| 16 | Windsor Lift Station – 1703 W. Miami St. | 3,889.24 | \$ 45.00 | \$ 75.00 |

Note: Pricing is to remain firm while contract is in effect

TOTAL BID (PER MOW): \$ \$1085.00 wk / \$1665.00 Bi-wk

NUMBER OF MOWING CYCLES PER YEAR: 32/16

TOTAL ANNUAL BID: \$ \$34,720 wk. / \$26,640 Bi-wk

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

BIDDERS NAME: Joe Bowers

ATTACHMENT B - TERMS AND SIGNATURE SHEET

In compliance with this invitation for Bid Number: 26.147 and subject to all conditions thereof, the undersigned offers and agrees to furnish any or all items and/or services upon which prices are quoted, at the price quoted as specified.

My signature certifies that the accompanying bid is not the result of or affected by any act of collusion with another person or company engaged in the same line of business or commerce, or any act of fraud punishable under Federal, State, or City Law. Furthermore, I understand that fraudulent and collusive bidding is a crime under Federal, State, and City Law and can result in fines, prison sentences, and civil damage awards. I hereby certify that I am authorized to sign this bid for the bidder.

If you desire not to bid on this Invitation, forward your acknowledgement of "No Bid". Return of only the "Statement of No Interest Sheet" with authorized signature and indicate the reason for "No Bid". Failure to comply may be cause for removal of your company's name from the bid list for the subject commodity and/or service.

Complete Legal Name of Bidder Joe Dwight Bowers

Date: 04-13-2026

Company Name: J and J Bowers Lawn Care LLC

Address: 612 S Bristow Ave

Coweta Oklahoma 74429
City State Zip Code

Email: joe30us2000@yahoo.com

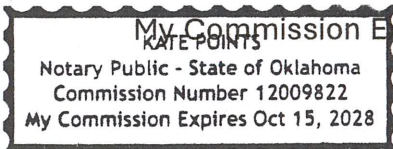
X [Signature] Official Title: owner

Please print or type name clearly: Joe Bowers

Telephone: 918-527-4778 Fax Number: N/A

Federal Tax ID Number: 99-0391006

Subscribed and sworn to before me this 14th day of April 2026



My Commission Expires: 10/15/28 [Signature]
Notary Public (or Clerk or Judge)

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

BIDDERS NAME: J and J Bowers Lawn Care LLC

ATTACHMENT C - REFERENCES

Provide a listing of at least three (3) references, preferably school districts but certainly companies of similar size/volume, for whom you have provided these services within the last three (3) years.

Contact Name: Beard Properties

Telephone: 918-629-6938

Contact Name: Jimmy Beard Title: owner

Address: 5601 s 257th e ave

| | | |
|--------------|----------|----------|
| Broken Arrow | Oklahoma | 74014 |
| City | State | Zip Code |

Email Address:

Contact Name: Withers Manufacturing Inc

Telephone: 918-694-7906

Contact Name: Wesly Withers Title: owner

Address: 5811 s mingo Rd

| | | |
|-------|----------|----------|
| Tulsa | Oklahoma | 74146 |
| City | State | Zip Code |

Email Address:

Contact Name: USIC

Telephone: 800-778-9140

Contact Name: Heather Green Title: Manager

Address: 2005 N Willow

| | | |
|--------------|----------|----------|
| Broken Arrow | Oklahoma | 74012 |
| City | State | Zip Code |

Email Address:

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

BIDDERS NAME: J and J Bowers Lawn Care LLC

ATTACHMENT D - INTEREST AFFIDAVIT

The following affidavit is to accompany the proposal:

STATE OF: Oklahoma

COUNTY OF: Wagoner

Joe Bowers

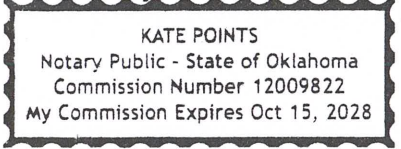
_____, of lawful age, being first duly sworn, states that s(he) is the agent authorized by the bidder to submit the attached proposal. Affiant further states that no officer or employee of the City of Broken Arrow, either directly or indirectly, owns a twenty-five percent (25%) interest in the bidder's business or such a percentage, which constitutes a controlling interest. Affiant furthers states that the following officers and/or employees of the City of Broken Arrow have some direct or indirect interest in the bidder's business:

For purposes of this affidavit, a direct or indirect interest is defined to include any relationship existing on the date of this affidavit, or which previously existed within the past year. Such an interest shall also be defined to include any business relationship between or among the proposed parties to the contract project and also to include any business relationship between the officers and directors of the proposed contracting parties of the project.

X *Joe Bowers*

Subscribed and sworn to before me this 14th day of April 2026

My Commission Expires: 10/15/28 *Kate Points*



Notary Public (or Clerk or Judge)

THIS BID IS INVALID IF NOT SIGNED AND NOTARIZED BY AN AUTHORIZED AGENT

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|---------------------------|--|--|
| AGENCY Progressive Insurance | | NAMED INSURED J & J Bowers Lawncare LLC 612 S Bristol Ave Coweta, OK 74429 | |
| POLICY NUMBER 869932109 | | EFFECTIVE DATE: 02/20/2026 | |
| CARRIER Progressive Northern Insurance Company | NAIC CODE 38628 | | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

Additional Coverages

| Insurance coverage(s) | Limits |
|-----------------------|-----------------------------------|
| Uninsured Motorist | \$1,000,000 Combined Single Limit |

Description of Location/Vehicles/Special Items

| Scheduled autos only | |
|----------------------------------|---------------------|
| 2005 FORD F550 1FDAF56P65ED16481 | |
| Medical Payments | \$5,000 each person |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/19/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|---|------------------------|
| PRODUCER Liberty Mutual Insurance PO BOX 188065 Fairfield OH 45018 | | CONTACT NAME: PHONE (A/C, No. Ext): 800-962-7132 FAX (A/C, No): 800-845-3666 E-MAIL ADDRESS: serviceplus@libertymutual.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: First National Insurance Company of America | NAIC # 24724 |
| INSURED J And J Bowers Lawn Care, Llc 612 S Bristow Ave Coweta OK 74429 | | INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

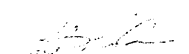
COVERAGES **CERTIFICATE NUMBER:** 0242838447 **REVISION NUMBER:** 2016-03

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVP | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | JKF70036782 | 02/06/2026 | 02/06/2027 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | MED EXP (Any one person) | \$ 15,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | OTHER: | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | | \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB | | | | | | | \$ |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR | | | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | | \$ |
| | DED | | | | | | RETENTION \$ | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE | OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

***See additional Remarks Scheduled**

| | | | |
|--|--|--|--|
| CERTIFICATE HOLDER | | CANCELLATION | |
| City of Broken Arrow 220 S. 1st St Broken Arrow OK 74012 | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  Curt's Luker | |

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/20/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|--|-----------------------|
| PRODUCER Progressive Insurance PO Box 94739, Cleveland, OH 44101 | CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing | |
| | PHONE (A/C, No, Ext): 1-800-444-4487 | FAX (A/C, No): |
| | E-MAIL ADDRESS: progressivecommercial@email.progressive.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : Progressive Northern Insurance Company | |
| | INSURER B : | |
| INSURED J & J Bowers Lawncare LLC 612 S Bristol Ave Coweta, OK 74429 | NAIC # | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |
| | | |

COVERAGES

CERTIFICATE NUMBER: 381976655202264209D022026T173403


REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR VVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | N | N | 869932109 | 02/20/2026 | 08/20/2026 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE | OTH-ER |
| | | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | See ACORD 101 for additional coverage details. | N | N | 869932109 | 02/20/2026 | 08/20/2026 | | \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| J & J Bowers Lawncare LLC 612 S Bristol Ave Coweta, OK 74429 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

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ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|---------------------------|--|--|
| AGENCY Progressive Insurance | | NAMED INSURED J & J Bowers Lawncare LLC 612 S Bristol Ave Coweta, OK 74429 | |
| POLICY NUMBER 869932109 | | | |
| CARRIER Progressive Northern Insurance Company | NAIC CODE 38628 | EFFECTIVE DATE: 02/20/2026 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

| Insurance coverage(s) | Limits |
|-----------------------|-----------------------------------|
| Uninsured Motorist | \$1,000,000 Combined Single Limit |

Description of Location/Vehicles/Special Items

Scheduled autos only

2005 FORD F550 1FDAF56P65ED16481

Medical Payments \$5,000 each person



ADDITIONAL REMARKS SCHEDULE

| | | | |
|------------------------------------|-----------|--|--|
| AGENCY Liberty Mutual Insurance | | NAMED INSURED J and J Bowers Lawn Care, LLC | |
| POLICY NUMBER JKF70036782 | | 612 S Bristow Ave Coweta OK 74429 | |
| CARRIER | NAIC CODE | EFFECTIVE DATE: 02/06/2026 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 0025 FORM TITLE: 2016-03

Certificate Holder is Additional Insured if required by written contract or written agreement subject to General Liability Blanket Additional Insured Provision. This Policy is Primary, and we won't ask for contribution of the Policy issued to the Additional Insured. Waiver of Subrogation applies per form 1G2505FR

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Progressive.

| <p style="text-align: center;">J & J Bowers Lawncare LLC</p> <p>Form A022 OK (03/25)</p> <p>Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.</p> <p>IF YOU'RE IN AN ACCIDENT</p> <ol style="list-style-type: none">1. Remain at the scene. Don't admit fault.2. Find a safe location, call the police, and exchange driver information.3. Call Progressive right away. <p>TO REPORT A CLAIM Call 1-800-274-4499 or go to claims.progressive.com.</p> <p style="text-align: center;">KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.</p> | <p style="text-align: center;">SECURITY VERIFICATION FORM - Oklahoma</p> <p>Policy Number: 869932109 NAIC Number: 38628 Effective Date: 02/20/2026 Expiration Date: 08/20/2026 Policy Type: Commercial Insurer: Progressive Northern Insurance Co 1-800-895-2886 300 North Commons Blvd., Mayfield Village, OH 44143 Customer Service: PO Box 94739 Cleveland, OH 44101 An authorized Oklahoma insurer has issued an <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator liability insurance policy pursuant to the Compulsory Insurance Law of Oklahoma to the following named insured: J & J Bowers Lawncare LLC</p> <table border="1"><thead><tr><th>Year</th><th>Make</th><th>Model</th><th>VIN</th></tr></thead><tbody><tr><td>2005</td><td>FORD</td><td>F550</td><td>1FDAF56P65ED16481</td></tr></tbody></table> <p>Note: If the named insured has been issued an operator's liability insurance policy, this form applies in lieu of an Owner's Security Verification Form.</p> <p>WARNING: Oklahoma state law requires you to surrender a current copy of the Security Verification Form to a motor license agent or other registering agency upon application or renewal for a motor vehicle license plate (the foregoing applies only to owner liability policies).</p> <p>A copy of the Security Verification Form is to be carried in the motor vehicle at all times, and produced by any driver of the vehicle upon request for inspection by any peace officer or representative of the Department of Public Safety. In the case of an accident, the Security Verification Form shall be shown upon request of any person affected by the accident.</p> | Year | Make | Model | VIN | 2005 | FORD | F550 | 1FDAF56P65ED16481 |
|---|---|-------|-------------------|-------|-----|------|------|------|-------------------|
| Year | Make | Model | VIN | | | | | | |
| 2005 | FORD | F550 | 1FDAF56P65ED16481 | | | | | | |