

**HOUSTON-GALVESTON AREA COUNCIL COOPERATIVE  
PURCHASING PROGRAM****PLANNED AUTHORIZED RETAILERS/DISTRIBUTORS/DEALER FORM**

Provide a listing of all planned authorized retailers/distributors/dealers, etc. that may be used during the term of this contract to deliver goods or services. NOTE: awarded contractor remains responsible for all applicable terms of the contract. Form can be duplicated as necessary to include all companies anticipated.

Company Name **RMEV Acquisition Corp. DBA Rocky Mountain Emergency Vehicles**

Address **3038 S. Specialty Circle**

City **South Salt Lake** State **UT** Zip **84115**

Phone Number **801-200-3240** Fax Number

Contact Person **John Barson**

Authorized Product/Service **Ambulance Sales**

Tax ID (Attach W-9) **84-2821879**

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Company Name

Address

City State Zip

Phone Number Fax Number

Contact Person

Authorized Product/Service

Tax ID (Attach W-9)

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Company Name

Address

City State Zip

Phone Number Fax Number

Contact Person

Authorized Product/Service

Tax ID (Attach W-9)