

STATE OF CALIFORNIA
DEPARTMENT OF AGING
VEHICLE DISPOSAL/TRANSFER FORM
CDA 5001 (REV. 04/15)

PSA Number	Date of Request (MM/DD/YYYY)
AAA	
Service Provider Using Vehicle	
Year, Make, and Model of Vehicle	
Vehicle VIN Number	
Vehicle Mileage	Date Vehicle Purchased (MM/DD/YYYY)
Purchase Cost	Contract Number used to Purchase
Source of Funds	Lienholder, if Any
Registered Owner	Fair Market Value/Condition of Vehicle
Reason for Request	Intended Method of Disposal
If Vehicle was Lost, Stolen, or Destroyed Please Explain the Circumstances and Insurance Status	
Document Efforts to Transfer to another OAA Program or AAA	
Any Additional Explanation/Facts	