



Please Print With Black Ink in the Boxes Below

Vehicle Owner's Name		Date of Birth / /
Address		Apt. #
City and State		ZIP Code

Registrant's Name		Date of Birth / /
Vehicle Make	Year	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle ID # (VIN)		

I authorize the person named above to register this vehicle in his/her name.

Signature of Owner or of Person Authorized to Sign	(Date)

(If signing for a corporation, print your full name and title here)

FOR OFFICE USE ONLY		
Proof of ID and Ownership Provided		
Reg./Title No. _____	State _____	
Reviewed By _____	Date / /	

### REGISTERING A VEHICLE YOU DON'T OWN

If you are registering a vehicle you don't own, you must provide proof that the vehicle's owner has given you permission to do so. You can use this form to do that.

When completed, **this form must be signed by the owner**. In addition, you must provide proof of ownership for the vehicle and proof of the owner's identity (see form ID-82 for a list of acceptable proofs of identity.)

