



VEHICLE UNIT # (OEN) _____

A) VEHICLE IDENTIFICATION NUMBER		B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
G) UNLADEN WT	H) SEATS	I) AXLES	J) COMBINED AXLES	K) COLOR	L) OWNER NAME	
M) TITLE DOC. #	N) TITLE DOC. JUR.	O) SAFETY TAXPAYER ID # (TIN)			P) SAFETY US DOT #	
Q) Will vehicle safety responsibility change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		R) SAFETY NAME				
S) MAXIMUM DESIRED WEIGHT		T) PURCHASE PRICE	U) PURCHASE DATE	V) FACTORY PRICE		
W) INS. CO. CODE		X) CURRENT PLATE #	Y) CURRENT PLATE CLASS	Z) SPECIAL USE		

REGISTRATION AUTHORIZATION	IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership and proof of the OWNER'S name and date of birth are required.		
Owner's Name		Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Apt. No.	City State Zip Code
<i>I authorize the person named in number 3 of Part 1 to register this vehicle.</i>			
Owner's Authorized Signature X _____		Date: _____	
<i>If signing for a corporation, print your full name and title here</i> _____			

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PART 5 (continued)**VEHICLE INFORMATION FOR
NEW ACCOUNTS, ADDITIONS, OR CHANGES**

ACCOUNT #:

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**REGISTRATION
AUTHORIZATION**

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