



INSTRUCTIONS

If the **OWNER** of the vehicle is **DIFFERENT** from the registrant, complete sections 1 and 2.

SECTION 1

PRIMARY REGISTRANT INFORMATION

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

SECTION 2

REGISTRATION AUTHORIZATION (Owner must complete this section)

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

I authorize the person named in section 1 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)

OFFICE USE ONLY

Proof of ID and Ownership Provided	Reg./Title No.	State
Reviewed By	Date	