



Department of Motor Vehicles

REQUISITION FOR MISCELLANEOUS FORMS

Bureau of Consumer and Facility Services
PO Box 2700
Albany NY 12220-0700

Date: _____

FORM NO.	NAME OF FORM	QUANTITY REQUESTED
VS-18	Statement That A Historical Registered Vehicle Will Be Used During Daylight Hours Only	
VS-110*	Notice of Missing or Mutilated Vehicle Identification No.	
VS-1074SD	Vehicle Inspection Record - Heavy Vehicle Safety & Diesel Emissions	
VS-1074M	Vehicle Inspection Record - Motorcycle Safety	
VS-1074S	Vehicle Inspection Record - Safety	
VS-1075*	Inspection Rejection/Advisory Notice	
VS-1075.3	Requisition for Miscellaneous Forms	
VS-1079DE	Diesel Emissions Inspection Certification and Waiver Form	
VS-1080R	Proof of HDDV Repair	

* These forms are bound in pads of 100 sheets per pad. Order by number of pads needed.

PLEASE TYPE OR PRINT LEGIBLY AND INCLUDE YOUR SEVEN-DIGIT FACILITY NUMBER. WE WILL NOT PROCESS YOUR ORDER WITHOUT IT.

Facility ID Number	Name of Official Inspection Station		
Address			
City	State	Zip Code	

IMPORTANT:

- Please mail this requisition separately.
- Do not attach it to any other forms before mailing.
- Allow 3-4 weeks for delivery.

