

UNITED STATES VEHICLE REGISTRATION FORM

State of Registration: _____ Registration Number: _____

Owner Information:

Full Name: _____

Date of Birth: _____

Social Security Number (last 4 digits): _____

Driver License Number: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

Vehicle Information:

Make: _____ Model: _____

Year: _____ Vehicle Identification Number (VIN): _____

Body Style: _____ Color: _____

Odometer Reading (miles): _____

Lien and Ownership Information:

Is there a lien on this vehicle? (Yes/No): _____

If yes, Lienholder Name: _____

Lienholder Address: _____

Insurance Information:

Insurance Company: _____

Policy Number: _____

Agent Name: _____

Agent Phone Number: _____

Certification and Signature:

I hereby certify that the information provided in this registration form is true and accurate to the best of my knowledge and belief. I acknowledge that providing false information may result in penalties including fines and/or criminal prosecution. I agree to comply with all applicable laws and regulations governing vehicle registration in this jurisdiction.

Owner's Signature: _____

Printed Name: _____

Date Signed: _____

WITNESS 1 SIGNATURE

Printed Name: _____

Date: _____

WITNESS 2 SIGNATURE

Printed Name: _____

Date: _____

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