



DEALER CONTACT INFO

DEALERSHIP NAME _____

PHONE NUMBER _____

DATE OF DROP OFF _____

IF TWO OWNERS ON TITLE & REGISTRATION AS (SELECT ONE):

- JOINT (OR)
- COMMON (AND)

SELECT ONE:

- NEW PLATES
- TRANSFER PLATE – PLATE # _____

TYPE OF PLATE REQUESTED (SELECT ONE):

- PASSENGER
- COMBINATION
- COMMERCIAL
- SPECIAL

ANY SPECIAL INFORMATION:

PERSON PICKING UP:

NAME _____

DL # _____

DATE OF PICK-UP _____

• ACCEPTABLE FORM OF PAYMENTS ARE:

- CHECK - YOU MUST DATE, MAKE PAYABLE TO DMV & SIGN, YOU WILL RECEIVE A RECEIPT WITH THE COST OF THE TRANSACTION WITH YOUR REGISTRATION.
- CREDIT CARD- WE WILL CALL YOU, MAKE SURE PHONE NUMBER LISTED IS CORRECT NUMBER (VISA, DISCOVER, MASTERCARD AND AMEX ARE ACCEPTABLE)