



DEALER DROP OFF TRANSACTION

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)