



DUPLICATE REGISTRATION REQUEST FORM

DATE:

DEPARTMENT/DIVISION:

REQUESTED BY:

TEL NO:

STATE PLATE:

VIN#:

VEHICLE#

YEAR:

MAKE/MODEL:

COLOR:

SEATING CAPACITY:

VEHICLE GVWR:

CURRENT ODOMETER:

FUEL TYPE:

FOR TRAILERS ONLY:

LENGTH:

GVWR:

CARRYING CAPACITY WEIGHT:

*******FOR STATE FLEET USE ONLY*******

DATE SENT TO DMV: _____

NEW REGISTRATION PICKED UP BY:

PRINTED NAME

SIGNATURE

DATE