

Request a Transport Tag (Fax Users)

PLEASE HAVE THE FOLLOWING INFORMATION READY BEFORE YOU CALL:

1. **Sale Type** – Other
2. **Vehicle Use** - Transport
3. **Date of Sale** (dates only accepted within the past week; no future sale dates are allowed).
4. **Type of vehicle and plate class** (select one of the below):

- Passenger	- Utility Trailer	- Non Profit
- Truck	- Travel Trailer	- Freight Trailer
- Farm Truck	- Motorcycle	- Horseless Carriage
- School Bus	- Off Highway	- Motorhome
5. **Plate Type**
Based on the type of vehicle, the plate type will automatically will be selected.
6. **Number of Days (up to 5 days)**
7. **VIN**
*Based on the VIN, Vehicle Make, Model and Vehicle Weight will automatically be provided for the transaction.
8. **Number of Cylinders**
9. **Fuel Type** (select one of the below)

- Gasohol	- Electric	- Liquefied Gas	- Propane
- Hybrid	- Gasoline	- Natural Gas	- Steam
- Diesel	- Kerosene	- Other	
10. **Vehicle Color** (select one of the below)

Aluminum	Brown	Blue, dark	Lavender	Color	Silver	Unknown
Amethyst	Bronze	Green, dark	Blue, light	Mauve	Stainless Steel	White
Beige	Camouflage	Gold	Green, light	Orange	Tan	Yellow
Black	Chrome	Green		Purple	Teal	
Blue	Copper	Gray	Maroon	Pink	Taupe	
Burgundy	Cream	Ivory	Multi	Red	Turquoise	
11. **Designated Gross Weight** (DGWW) (required for Truck, Farm Truck, School Bus, Freight Trailer, Utility Trailer and Motorhome only)
12. **Requested GVW** (required for Truck, Farm Truck and Motorhome)
13. **Number of Passengers** (required for School Bus only)
14. **Number of Doors** (required for School Bus only)
15. **Number of Seats** (required for School Bus only)
16. **Number of Wheels** (required for Motorcycle and Off-highway only)

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17. Engine Number (required for Motorcycle and Off-highway only)

18. Coach Number (required for Motorhome only)

19. Odometer Reading (select one of the below)

- Actual
- Not Actual
- Exceed Mechanical Limits

20. Transportation Information

- In Transport From:
- In Transport to
- Transport Driver's Names

21. Insurance Information

- Effective date of policy (if the policy is new or not yet set up, simply state "New Policy.")
- Name of insurance company
- Name of agent (optional)
- Policy number