

Vehicle Registration Suite - Create a Temp Tag

Call Center Phone Number (800) 916-1408

Provide Your Contact Information

Name: _____

Phone Number: _____

Dealership Name: _____

Dealership Location (if more than one): _____

STEP 1: Sale Type Sale Lease

STEP 2: How Will The Vehicle be Used

Personal Business Lease Fleet Other

Owner or Business Owner Information (up to 3 owners can be listed, "AND" / "OR" should be listed for each owner. *Refer to step 6 for Lease Information.

STEP 3:

Owner Information: Resident and Mailing Address

[Owner 1] First and Last Name: _____

Suffix (optional): ___ Jr. ___ Sr. ___ III ___ IV Middle Initial (optional): _____

Date of Birth: _____ (MM/DD/YYYY)

Address: _____

City: _____

State: _____ Zip: _____ County: _____

Business Owner Information: Physical and Mailing Address

[Owner 1] Business Name: _____

Address: _____

City: _____

State: _____ Zip: _____ County: _____

STEP 4: *Customer's Validation ID _____ State Issued In: _____

*Valid ID: **Sale or Lease to an Individual:** State Issued Driver's License, State Issued Identification or Other Government identification. **Sale or Lease to a Business:** FEIN Number or CRS Number.

STEP 5:

Additional Owner Information ("AND" / "OR")

[Owner 2] First and Last Name: _____

Suffix (optional): ___ Jr. ___ Sr. ___ III ___ IV Middle Initial (optional): _____

Customer's Validation ID: _____ State Issued In: _____

Additional Owner: ___ AND / ___ OR

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(Owner 3) First and Last Name: _____

Suffix (optional): ___ Jr. ___ Sr. ___ III ___ IV Middle Initial (optional): _____

Customer's Validation ID: _____ State Issued In: _____

Additional Owner: ___ AND / ___ OR

Additional Business Owner Information ("AND" / "OR")

(Business Owner 2) Business Name: _____

Customer's Validation ID: _____ State Issued In: _____

Additional Owner: ___ AND / ___ OR

(Business Owner 3) Business Name: _____

Customer's Validation ID: _____ State Issued In: _____

Additional Owner: ___ AND / ___ OR

STEP 6: Leasing Company Information

Leasing Company: _____

Lessee: _____

Company Street Address: _____

City: _____ State: _____ Zip: _____

Company Telephone Number: _____

STEP 7: Date of Sale _____

Vehicle Information

STEP 8: Type of Vehicle (select one of the below):

Passenger Utility Trailer Motorcycle Off Highway

Truck Farm Truck Freight Trailer Non Profit

School Bus Travel Trailer Horseless Carriage Motorhome

STEP 9: Plate Type (will be automatically selected based on vehicle type)

STEP 10: VIN _____

STEP 11: Number of Cylinders _____

STEP 12: Fuel Type (select one of the below):

Hybrid Kerosene Natural Gas Propane

Diesel Gasoline Liquefied Gas Other

Electric Gasohol Steam

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STEP 13: Vehicle Color (select one of the below):

- | | | | | |
|--------------------------------------|-------------------------------------|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Aluminum | <input type="checkbox"/> Bronze | <input type="checkbox"/> Orange | <input type="checkbox"/> Ivory | <input type="checkbox"/> Taupe |
| <input type="checkbox"/> Amethyst | <input type="checkbox"/> Camouflage | <input type="checkbox"/> Purple | <input type="checkbox"/> Lavender | <input type="checkbox"/> Turquoise |
| <input type="checkbox"/> Beige | <input type="checkbox"/> Chrome | <input type="checkbox"/> Pink | <input type="checkbox"/> Blue, dark | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Copper | <input type="checkbox"/> Silver | <input type="checkbox"/> Green, light | <input type="checkbox"/> Yellow |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Cream | <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Maroon | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Blue, light | <input type="checkbox"/> Gold | <input type="checkbox"/> Teal | <input type="checkbox"/> Green, dark | |
| <input type="checkbox"/> Burgundy | <input type="checkbox"/> Green | <input type="checkbox"/> Red | <input type="checkbox"/> Multi Color | |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Gray | <input type="checkbox"/> Tan | <input type="checkbox"/> Mauve | |

STEP 14: Gross Weight (DGWV) (Truck, Farm Truck, School Bus, Utility Trailer, Freight Trailer, and Motorhome only): _____

STEP 15: Requested GVW (Truck, Farm Truck, and Motorhome only): _____

STEP 16: Number of Passengers (School Bus only): _____

STEP 17: Number of Doors (School Bus only): _____

STEP 18: Number of Seats (School Bus only): _____

STEP 19: Number of Wheels (Motorcycle and Off-Highway only): _____

STEP 20: Engine Number (Motorcycle and Off-Highway only): _____

STEP 21: Coach Number (Motorhome only): _____

STEP 22: Odometer Reading _____

- Actual
 Not Actual
 Exceeds Mechanical Limits

Dealer Certification

By providing the odometer reading, you are certifying that to the best of your knowledge the odometer reading is the actual mileage stated, unless you stated that the reading is in excess of its mechanical limits, or the odometer reading is not the actual mileage.



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STEP 23: Insurance Information

Effective Date of Policy: _____

Insurance Company: _____

Policy Number: _____

For New Policy, state: "New Policy."

If known, Insurance Agent: _____

Vehicle Registration Summary

Summary page displays previously entered information regarding vehicle and insurance. This page will be faxed back along with the tag.

Payment and Issuance of the Tag

Payment will instantly be deducted from your bank, and the tag will immediately be faxed to you.