

# AFFIDAVIT OF V.I.N.

(IN OR OUT-OF-STATE INSPECTIONS)



**Vehicle inspections must be conducted by Certified Inspectors with credentials authorized by the Motor Vehicle Division.**

Applicant Name			Phone	Driver License #		Date of Birth
Address				City	State	Zip Code
Business Name			Phone	Contact Person	Dealer License #	
Dealer Address				City	State	Zip Code
Year	Make	Model		Type	State Registered	
Vehicle Identification Number				Engine Number		
Nader ID #		Coach #		Assigned #		Other #
Vehicle Color		Vehicle Odometer Reading		<input type="checkbox"/> A M <input type="checkbox"/> EL <input type="checkbox"/> N M		Vehicle License Plate #
				<b>NO TENTHS</b>		
Comments on Inspected Vehicle						
GVWR _____ lbs Truck - Motorhome						
PLACE PHOTO ID HERE TO BE COPIED						
I CERTIFY THAT THE IDENTIFICATION NUMBER RECORDED HEREIN IS ON THE VEHICLE/COACH DESCRIBED ABOVE, CLAIMED TO BE OWNED BY THE PERSON OR BUSINESS INDICATED; THAT I HAVE CONDUCTED A VISUAL INSPECTION AND THAT I AM NOT INVOLVED IN OR RESPONSIBLE FOR ANY OTHER ACTIVITIES OR TRANSACTIONS CONNECTED WITH IT.						
Inspector's Printed Name					Phone	
Inspector's Address				City	State	Zip Code
Agency or Dealer Name				Inspector's ID #		Date
Inspector's Signature						