

Application for 60 Day Temporary Registration Permits

Permit Control Numbers - Starting _____ Ending _____

The undersigned, an authorized representative of the dealer named herein, makes application for 50 sets of 60-day temporary registration permits.

Dealer Type: New Car Used Car Motorcycle Trailer

Name of Dealer: _____

Dealer's Registration Number: _____

Address of Dealer: _____

Signature of Dealer: _____ Date: _____

For MVA use only

Issuance and approved by: _____ Date Issued _____

Type of Identification provided _____