

DMV TEMP TAG CHECKLIST

CUSTOMER INFORMATION

Customer Name _____

Date of Birth _____

Drivers License Number _____

Copy of D/L? () LEASE / PURCHASE IND / BUS Transfer Y / N

Social Security Number: _____

RESIDENT / NON-RESIDENT

Customer Address _____

City: _____ State _____ Zip Code _____

BANK INFORMATION

Bank Name _____

Address _____

INSURANCE INFORMATION

Insurance Company _____

Insurance Company Address _____

Insurance Company Corporate Code _____

Copy of Insurance Card? ()

VEHICLE INFORMATION

VIN _____

Year _____ Make _____

Model _____ Color _____

of Cylinders _____ Vehicle Weight _____