

AUTHORIZATION TO REGISTER A MOTOR VEHICLE

VEHICLE DESCRIPTION:

| | | | |
|--------------------------|----------------------|----------------------|----------------------|
| MINNESOTA PLATE # | YEAR | MAKE | VIN |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

INSURANCE INFORMATION:

| | | |
|----------------------|----------------------|-------------------------------------|
| COMPANY NAME | POLICY NUMBER | EXPIRATION DATE (MM/DD/YYYY) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

****INSURANCE INFORMATION MUST BE PROVIDED PER M.S. 169.798, SUBDIVISION. 4****

AUTHORIZED ENTITY:

The City of Richfield—Deputy 056
AUTHORIZED ENTITY

OWNER'S INFORMATION:

OWNER'S FULL NAME **DRIVER'S LICENSE NUMBER**

HAS THE VEHICLE'S REGISTRATION BEEN EXPIRED FOR MORE THAN 12 MONTHS? NO

YES
IF YES, WHAT DATE WAS THE
VEHICLE LAST USED ON?

X

OWNER'S SIGNATURE

DATE SIGNED
