

DEALER CERTIFICATION VEHICLE INFORMATION



JESSE WHITE
SECRETARY OF STATE
STATE OF ILLINOIS

VEHICLE INFORMATION

Name of Owner(s)	(1) Last	First	Middle Initial
	(2) Last	First	Middle Initial
Address of Owner			
City		State	ZIP Code

I hereby certify and affirm that I have made a physical inspection of the vehicle and the information below is true and correct.

Vehicle Description

Year	Make	Model	
Body Style		Cyl.	H.P.
Vehicle Identification Number			

For Second Stage Vehicle Use Only

Year	Make	Model	Body Style
Vehicle Identification Number			

CERTIFICATION INFORMATION

Type or Print Name of Vehicle Dealership		
Address		
City	State	ZIP Code

Dealer (or Authorized Representative) making inspection:

Signature