State of Illinois
Office of the Secretary of State
Law Enforcement Certification

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 Cylinders Horsepower

_____
Vehicle Identification Number

(For Second Stage Vehicle Use Only) _____ _____ _____ _____
Year Make Model Body Style

_____
Vehicle Identification Number

CERTIFICATION INFORMATION
(Please Type or Print)

Name of Law Enforcement Agency: _____

Address: _____
Street

_____
City, State, ZIP

Signature of Officer Making Inspection: _____

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