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

This form may be used in instances where a title has been junked or salvaged in error. Please print or type.

Name of Owner(s): 1. _____
Last First Middle Initial

2. _____
Last First Middle Initial

Address of Owner: _____
Street Address

_____
City State ZIP

This portion of the form to be completed by a law enforcement officer only.

Vehicle Description: _____ _____ _____
Year Make Model

_____ _____ _____
Body Style CC (motorcycle) Color

_____
Vehicle Identification Number

(For Second Stage) _____ _____ _____
Year Make Model

_____
Vehicle Identification Number

Public VIN Confirmed: Yes / No If NO state reason_____

Federal Sticker VIN Confirmed: Yes / No If NO state reason_____

Secondary VIN Confirmed: Yes / No If NO state reason_____

OBD VIN Confirmed: Yes / No If NO state reason_____

VIN clear through LEADS: Yes / No Date checked_____

CERTIFICATION INFORMATION

I hereby certify and affirm that I have made a physical inspection of the vehicle and the information above is true and correct and this vehicle seems to meet the requirements of the Illinois statutes for the type title in which the applicant is applying. I also understand that this certification is for VIN verification only.

Name of Law Enforcement Agency: _____

Address: _____
Street Address

_____
City State ZIP

Signature of Officer Making Inspection: _____ _____ _____
Printed Name Signature /Badge Number Date