STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

AFFIRMATION OF REGISTRATION INFORMATION

Date: _____ Current License Plate No. _____

Month and Year of Expiration: _____

Sticker No.: _____

Owner(s) Name: _____

_____

Address: _____

_____

Previous Vehicle Information (vehicle from which the plates are being transferred)

(Year)	(Make)	(Body Style)

(VIN)	(cc-motorcycle)

I/We hereby affirm that the above information is true and correct.

Owner(s) Signature: _____

_____

This form should be used when a person is making application for title and transfer or transfer only of license and does not have a Registration I.D. Card to send in.