



Secretary of State Covered Farm Vehicle Application

**This space for use by
Secretary of State**
NOT VALID WITHOUT VALIDATION SHOWN IN THIS AREA
BELOW

**Secretary of State
Vehicle Services Department
Commercial & Farm Truck Division
501 S. Second St., Rm. 300
Springfield, IL 62756
217-785-1810
www.cyberdriveillinois.com**

Under provisions of the Illinois Vehicle Code, vehicles registering at 12,000 pounds (625 ILCS 5/3-815) flat weight or Mileage Weight Tax (625 ILCS 5/3-818) may submit an additional \$10 surcharge fee and be designated as a "Covered Farm Vehicle" as defined within the Illinois Vehicle Code (625 ILCS 18b-101).

I/we hereby apply for the designation of a "Covered Farm Vehicle" under the applicant/registrant name(s) and vehicle information as shown below. I/we are aware of the statutory limitations of usage for this vehicle while being operated as a Covered Farm Vehicle as defined within the Illinois Vehicle Code, (625 ILCS 5/et.al). I/we agree that we will abide by all statutes, rules and regulations governing said vehicle at all times while in operation. If in the event the covered vehicle is registered with Mileage Weight Tax Registration Plates, I/we are aware that the plates cannot be operated outside the State of Illinois. I/we affirm that the information provided is true and correct.

Applicant Name/Registrant Name(s):		Illinois License Plate Number:	
Applicant Address/Registrant Address:		County:	
City:	IL	ZIP Code:	
Contact Name:		Contact Phone Number:	
Vehicle Year:	Vehicle Make:	Vehicle Identification Number (VIN):	
Applicant/Registrant Signature(s):		Date Signed:	
X _____		_____	
X _____		_____	

Covered Farm Vehicle Fee may only be applied to flat weight or Mileage Weight Tax registration plates at 12,000 pounds or less (B-D-MD plates). Other plates are not eligible for this designation or the benefits or registration thereof.

THIS VALIDATED APPLICATION MUST BE CARRIED IN THE DESCRIBED VEHICLE TO RECEIVE THE BENEFITS OF REGISTRATION AS A COVERED FARM VEHICLE.

INSTRUCTIONS TO FACILITY AT VALIDATION:

1. Make a copy of this completed form after validation (or validate both copies).
2. Original form returned to applicant - a copy to be retained for facility transmission.

This area for office use only.			
<input type="checkbox"/> ID Checked	<input type="checkbox"/> CRT Checked	<input type="checkbox"/> New Registration Issued	Plate#

Verified by: _____ Plate Expiration: _____ \$10 Fee Paid (circle One): <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Other			