



1. Type of Transaction(s):		2. Current Plate Number	3. Plate Type Requested		4. Exp. Month	Year	
<input type="checkbox"/> Title and Plates <input type="checkbox"/> Title and Transfer <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Single Plate Replacement <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		<i>Do not write in Validation Area.</i>					
		5. OWNER INFORMATION					
		First		Last		Middle	
		First		Last		Middle	
		Residence/Business Street Address					
		City		ZIP		IL	
		 0725399704			6. Owner 1 DL/FEIN #		
					Owner 2 DL/FEIN #		
		7. VEHICLE INFORMATION					
		Vehicle Identification Number (VIN)					
8. Purchase Date		New <input type="checkbox"/>					
Month / Day / Year		Used <input type="checkbox"/>					
9. Current Odometer Reading (No Tenths)		<input type="checkbox"/> Actual	<input type="checkbox"/> Not Actual	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Flood	<input type="checkbox"/> Other Branded Title State	
		<input type="checkbox"/> In Excess of Mechanical Limits		<input type="checkbox"/> MCY C.C.		<input type="checkbox"/> Mobile Home Sq. Ft.	
		<input type="checkbox"/> 10 years or older (mileage not required)		<input type="checkbox"/> Rental		<input type="checkbox"/> Leased	
		Check if G.V.W.R. over 16,000 pounds (odometer reading not required) Yes <input type="checkbox"/>		Gross Weight (RV, RT, TRK, BUS, TRLR)		For Hire <input type="checkbox"/>	
10. Surrender Title Number and State #		11. File Number		12. Unit Number			
State:							
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)				
Name			Insurance Company Name (Do not list agent)				
Street Address			Policy Number				
City		State	ZIP		Expiration Date		
15. FIRST LIENHOLDER			16. SECOND LIENHOLDER				
Name			Name				
Street Address			Street Address				
City		State	ZIP		City		
State		ZIP		State			
ZIP		ZIP		ZIP			
17. TRANSFER INFORMATION			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)				
Year		Make/Model		Name			
VIN				Dealer #			
Address							
19. REASON(S) FOR CORRECTED OR DUPLICATE TITLE			20. REASON FOR REPLACEMENT PLATES/STICKER				
State all reasons for corrections or duplication.			<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing				
			21. WHEN REPLACING PLATES, YOU MUST CHECK ONE:				
			<input type="checkbox"/> I wish to be issued a random-number plate. <input type="checkbox"/> I wish to retain my current plate number.				
22. BENEFICIARY INFORMATION			25. AUDITOR'S USE ONLY				
Name			TRP NUMBER				
Address			Tax Form Number				
ZIP							
Country							
23. Daytime Phone Number (optional)							
24. Signature(s)							
1.			\$				
2.			Circle Quarter: 1st 2nd 3rd 4th				
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/We hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			Circle All Attachments: POA, Small Estate, Affidavit, Affirmation, Loan/Lease Agreement, Lien Release, Release of Interest, Death, Note Other(s):				

STAPLE HERE

OFFICE USE ONLY

Verified by CRT I.D. REMITTER/DRIVER SERVICES FACILITY STAMP:

CUSTOMER RECEIPT

TRP #: _____
Date: _____

Control #: **0725399704**