

SUN-SHADING REMOVAL CERTIFICATION

MED 21 (05/10/2012)

DMV USE ONLY LOG NUMBER

Use this form to report the removal of sun-shading from a vehicle and request a new registration card without Purpose:

the sun-shading notation.

Instructions: Mail the completed form to DMV Direct at the address above or fax to (804) 497-7117. DMV will issue a new

registration card.

NOTE: The information requested on this form is for DMV's record-keeping purposes and may be released in

accordance with Va. Code §46.2-208.

VEHICLE OWNER INFORMATION									
VEHICLE OWNER NAME (last, first, mi, suffix)								DMV CUSTOMER NUMBER	
SOCIAL SECURITY NUMBER (optional) GENDER BIRTHDATE (mm/dd/yyyy) MALE FEMALE							DAYTIME TELEPHONE NUMBER		
RESIDENCE/HOME ADDRESS									
CITY							STATE	ZIP CODE	
Check if a new address. If you change your residence/home or mailing address to a non-Virginia address, your driver's license and/or photo identification (ID) card may be canceled.									
MAILING ADDRESS (If different from above)									
CITY							STATE	ZIP CODE	
VEHICLE INFORMATION									
Identify each vehicle to have sun-shading material removed (List additional vehicles on reverse.)									
Year	Make	Model	Title Nu	mber	Identific	ation Nu	mber (VIN)	Plate Number	DMV Customer Number
SUN-SHADING REMOVAL INFORMATION									
BUSINESS NAME (print) NAME OF PERSON WHO REMOVED SUN-SHADING (print)									
BUSINESS ADDRESS								TELEPHONE NUMBER	
AUTO C							T		
CITY							STATE	ATE ZIP CODE	
CERTIFICATION									
Sun-Shading Removal									
I certify that the sun-shading material has been removed from this vehicle. SIGNATURE OF PERSON WHO REMOVED SUN-SHADING DATE (mm/dd/yyyy)									
D. C.								ATE (IIIII/Idd/yyyy)	
Vehicle	Owner								
I certify that the sun-shading material has been removed from this vehicle.									
								DATE (mm/dd/yyyy)	