

CHANGE REGISTRATION-VIN-BUSINESS NAME APPLICATION

Purpose: Use this form to change information on an existing vehicle record.

Instructions: Submit the completed form to any DMV Customer Service Center.

REGISTRATION INFORMATION						
OWNER FULL LEGAL NAME (last, first, middle, suffix)				CO-OWNER FULL LEGAL NAME (last, first, middle, suffix)		
VEHICLE PLATE NUMBER	YEAR	MAKE	MODEL	TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	
LOCATION WHERE VEHICLE IS GARAGED (city/town)			<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY	Are any of the vehicle owners on active military duty or service?		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
VEHICLE INFORMATION CHANGE						
<input type="checkbox"/> Correct error in Vehicle Identification Number (VIN):		CURRENT VIN		CORRECT VIN		
BUSINESS INFORMATION CHANGE						
<input type="checkbox"/> Change Federal Employer Identification Number (FEIN) (a Copy of IRS assignment of FEIN is required)						
CURRENT FEIN				CORRECT FEIN		
<input type="checkbox"/> Change Business Name (This represents a change of name only and not a change of ownership. Copy of IRS assignment of FEIN or copy of business license with new name is required)						
CURRENT BUSINESS NAME				CORRECT BUSINESS NAME		
CERTIFICATION						
I certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.						
OWNER/CO-OWNER SIGNATURE					DATE (mm/dd/yyyy)	