

TEMPORARY TAG RETURN FORM

Dealer/Agent # _____

Date _____

Name _____

Address _____

Page ___ of ___

City _____

Comments _____

Phone # _____

List all plates returned.

Plate Type	Name	Quantity	Beginning Plate #	Ending Plate #
01	<i>Passenger (example)</i>	10	XYZ9990	XYZ9999
01	Passenger			
02	Truck			
03	Trailer			
04	Motorcycle			
05	Motor Home			
06	School Bus			
07	Moped			
09	Bus			
19	Implement of Husbandry			
26	Special Mobile Equipment			
35	Omnibus			

Please list all returned plates This form may be duplicated if necessary

Bureau use only. Plates received and verified. _____ Date _____

Credit given _____ Date _____