

## SECOND T-TAG REQUEST

**NOTE: A copy of the original file must accompany this request.**

### TO BE COMPLETED BY DEALERSHIP ONLY

Dealership Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Customer Name: \_\_\_\_\_ VIN: \_\_\_\_\_ Sales Tax: \_\_\_\_\_

First Temporary Tag Number Issued: \_\_\_\_\_ Date First Temporary Tag Number Issued: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Authorized Dealer Representative)

\_\_\_\_\_  
(Signature of Authorized Dealer Representative)

\_\_\_\_\_  
(Date)

### TO BE COMPLETED BY OFFICE OF MOTOR VEHICLES REPRESENTATIVE ONLY

**Approved** Date: \_\_\_\_\_

**Denied** Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Authorized Office of Motor Vehicles Representative)

\_\_\_\_\_  
(Signature of Authorized Office of Motor Vehicles Representative)

\_\_\_\_\_  
(Date)

### TO BE COMPLETED BY DEALERSHIP (AFTER APPROVAL)

**NOTE: DO NOT issue second Temporary Tag until approval is received.**

Second Temp Tag Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

