

CONVERT THE FOLLOWING MANUAL FORM INTO DIGITAL MODE USING TKINTER

REGISTRATION INFORMATION			
Registration Period: (check one) <input type="checkbox"/> One Year <input type="checkbox"/> Two Years (\$2 discount applies) <input type="checkbox"/> Three Years (\$3 discount applies) <small>(not available for vehicles subject to emissions testing)</small>			
Registration Type: (check one) <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Private <input type="checkbox"/> Reissue (Plates & Decals) <small>See Reissue Plates below under Plate Information.</small>			
<input type="checkbox"/> Reissue (Decals Only) <input type="checkbox"/> Rental Vehicle		<input type="checkbox"/> Transfer License Plate Number: <input type="text"/> ENTER PLATE NUM	
<input type="checkbox"/> For Hire (complete "For Hire Information" section)		<input type="checkbox"/> Ridesharing (Vanpool) (Cannot exceed 16 passengers including driver.) Seating Capacity <input type="text"/>	
<input type="checkbox"/> Amateur Radio Operator Call Letters - Specify letters: <input type="text"/>		<input type="checkbox"/> Other: <input type="text"/> SPECIFY	
OWNER INFORMATION			
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)		TELEPHONE NUMBER ()	DMV CUSTOMER NUMBER / FEIN / SSN
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)		TELEPHONE NUMBER ()	DMV CUSTOMER NUMBER / FEIN / SSN
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION
OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
OWNER EMAIL ADDRESS		CO-OWNER EMAIL ADDRESS	
ADDITIONAL INFORMATION			
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF <input type="text"/>		IF NEW LOCATION ENTER DATE CHANGED	Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL		CITY	STATE ZIP CODE

REGISTRATION INFORMATION

Registration Period

- ☒ One Year ☒ Two Year (\$2 discount applies) ☒ Three Year (\$3 discount applies)

Registration Type

- ☒ Original
☒ Renewable
☒ Private
☒ Reissue (Plates and Decals) (See Reissue Plates Below Under Plate Information)
☒ Reissue (Decals only)
☒ Rental vehicle
☒ Transfer License Plate Number - ENTER PLATE NUM
☒ For Hire (Complete 'For Higher Information' section)
☒ Ridesharing (Vanpool) - Seating Capacity
☒ Amateur Radio Operator Call Letters - Specify Letters
☒ Other - SPECIFY

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sankalp Amna
anuj 111313 64646464 sankalp 5456465 646465

OWNER INFORMATION

OWNERS FULL LEGAL NAME TELEPHONE NUMBER DMV CUSTOMER NUMBER

CO-OWNERS FULL LEGAL NAME TELEPHONE NUMBER DMV CUSTOMER NUMBER

NOTE: Owners MUST provide their residence/business/home address, this address can not be a P.O Box

OWNERS RESIDENCE/BUSINESS/HOME ADDRESS CITY STATE ZIPCODE

CO-OWNERS RESIDENCE/BUSINESS/HOME ADDRESS CITY STATE ZIPCODE

OWNER E-MAIL ADDRESS CO-OWNER E-MAIL ADDRESS

ADDITIONAL INFORMATION

LOCATION WHERE VEHICLES PRINCIPALLY GRADED ☐ CITY ☐ COUNTY ☐ TOWN OF

IF NEW LOCATION ENTER DATE CHANGED ACTIVE MILITARY SERVICE ☐ YES ☒ NO

IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN RESIDENCE/BUSINESS ADDRESS. ENTER IT BELOW

REGISTRATION MAILING ADDRESS CITY STATE ZIPCODE

Submit

Show Data