

VEHICLE CORRECTION APPLICATION

Please print or type all correct information			Plate No
		OWNER INFORMATION	
VEHICLES BOATS		DRIVER LICENSE #:	
Veh. Type 3D00R	Boat Type	Name TEST	
Make MAKE	Make	Address	
,			Zip
Year 8	Year		
Model MODEL	Model	CO-OWNER INFORMATION (I	f Any):
Mileage	===-}8	DRIVER LICENSE #: 77667	
Color_BLUE	Material	Name CO-TEST MIDDLE LAST	
GW/NP/WC	Length	LIEN HOLDER (If Any):	
Axles <u>4</u>	Propulsion	Name GHHHG	
	Fuel	Address HGH, HGHGH	
		City_GFFG	State MA
			Zip_FGFGFG
I certify the Statem	nents on this application a	are true and correct.	
Signature		Date	
			AGENCY USE ONLY
			Title Surrendered □Y □N
MVS-2 (R6/03)			Document Print? □Y □ N