

VEHICLE CORRECTION APPLICATION

Please print or type all correct information			Plate No	
VEHICLES	BOATS	OWNER INFORMATION DRIVER LICENSE #:	TE CONTROL OF THE CON	
Veh. Type	Boat Type			
Make		Address	State	
Year	-		Zip	
Model		CO-OWNER INFORMATION	(If Any):	
Mileage	<u> </u>	DRIVER LICENSE #:		
Color	Material			
GW/NP/WC	Length	LIEN HOLDER (If Any):		
Axles	Propulsion	None_None		
	Fuel	Address		
		City		
			Zip	
I certify the St	atements on this application	are true and correct.		
Signature		Date		
			AGENCY USE ONLY	
			Title Surrendered □Y □N	
MVS-2 (R6/03)			Document Print?	