

Employee Vehicle Registration Form

					Office Use Only
License Plate	State	Make	Model	Year	Permit Number

Issued By: _____

Employee ID# _____ or SSN# _____ - - _____

Name _____

Address _____

City _____ St _____ Zip _____ Phone# _____

Department _____ Cell Phone# _____

I _____ in accordance with Arizona Revised Statutes 15-119, hereby certify that: