



## REGISTRATION SERVICE TRANSMITTAL FORM

(Please print or type)

Business Name: \_\_\_\_\_ SOS NVDP #: \_\_\_\_\_ Exp: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

If the DMV is unable to process a transaction, the documents will be returned with the completed transactions when they are picked up.

No.	Customer's Full Legal Name	DLN or FEIN	VIN & MSRP	New(N)Trans(T)Renew (R)	Plate No
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Reason for returns: \_\_\_\_\_

### DMV use only

Drop off date: _____	Time: _____	Total Submitted: _____
First Time trans: _____	Renewals: _____	Total Processed: _____
Rejected: _____	Processed by: _____	Date: _____
Notes: _____		