



## VEHICLE REGISTRATION FORM



Please complete all of the information in the spaces provided.

Unit Address: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Applicant is the (check one): \_\_\_\_\_ Owner \_\_\_\_\_ Renter

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### VEHICLE INFORMATION

YEAR/MAKE/MODEL	COLOR	LICENSE PLATE #	STATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return completed form to The Select Group at the address or fax number provided below  
or email to [mromero@theselectgroup.us](mailto:mromero@theselectgroup.us)