



## VEHICLE REGISTRATION



Owner Name: \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

YEAR / MAKE / MODEL OF VEHICLE	COLOR	LICENSE PLATE #	STATE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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