



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@theselectgroup.us**