

TODAY'S DATE:

TO: COUNTY TAX COLLECTOR / TAG AGENCY

FROM: _____

SUBJECT: AUTHORIZATION TO ISSUE A TEMPORARY TAG
REBUILT / 10 DAYS TEMPORARY TAG

This is a granted permission to obtain a temporary tag for the vehicle and individual described below.

This office has not verified insurance requirements. Please verify insurance before issuing the temporary tag.

NAME: _____

ADDRESS: _____

VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ TYPE: _____

VIN: _____

REBUILT APPOINTMENT DATE: _____

If you have any questions, please contact PRVIP Facility at: _____

AUTHORIZED BY: _____

PRVIP Facility Representative

FACILITY STAMP