

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**