

PUBLIC PASSENGER VEHICLE REGIONAL LICENSING GROUP

ARLINGTON HEIGHTS – BUFFALO GROVE – DEERFIELD – ELK GROVE
MT. PROSPECT – ROLLING MEADOWS – SCHAUMBERG

VEHICLE LICENSE APPLICATION

STICKER No. _____

Company Name _____

Owner of Vehicle _____
Last Name First Name Middle Initial

Company Address _____

City _____ State _____ Zip _____

Business Phone (_____) _____

VEHICLE INFORMATION

Cab No. _____

License Plate No. _____ State _____ Color _____

Vehicle Identification Number (VIN) _____

Make _____ Model _____ Year _____

STATEMENT

I do hereby certify that the information contained in this application has been furnished by me and to the best of my knowledge is correct.

Further, I affirm that any change in the information contained in this application will require immediate notification of the Public Passenger Vehicle Licensing Group.

Print Name of Applicant

Signature of Applicant

Date