



DATE _____

AGENCY _____

ADDRESS _____

CITY _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

RENEWAL LIST

(To be used only for renewal of Non-Exempt vehicles.)

Expirations during Month of _____

MAKE	LAST 5 DIGITS OF VIN	EXEMPT #	NON-EXEMPT # ALPHA/NUMERIC ORDER	EXPIRATION DATE	DEPT. USE ONLY STICKER #