

**AFFIDAVIT OF INSPECTION AND CERTIFICATION OF
CORRECT "VIN" NUMBER(S) OR ABSENCE OF "VIN"
TO BE SUBMITTED WITH APPLICATION FOR STATE ASSIGNED VEHICLE
IDENTIFICATION NUMBER**

Name of Applicant _____ **Address** _____

The undersigned being first duly sworn on solemn oath according to law, and subject to penalties of perjury, deposes and says:

The inspection occurred in Wyoming and was made by:

_____ **City Police Department** _____ **County Sheriff's Office** _____ **Wyoming Highway Patrol**

Make _____

(List Homemade, Custom-built, etc., if there is no factory make)

Year _____

Vehicle Type _____

(For homemade trailers, list year trailer was built) (Pickup, passenger car, trailer, etc.)

VIN _____

VIN Location _____

(If there is no vin on the vehicle write "No VIN found")

Additional VIN (if any) _____

VIN Location _____

Additional VIN (If any) _____

VIN Location _____

(If there is more than one vin on the vehicle, list all vins found on the vehicle and where they are located)
Example: New cab on pickup. List vin on cab and vin on frame so that titles surrendered with application can be matched with vehicles used in construction.

Additional Information _____

At the request of the applicant for special state assigned vehicle identification number, I personally inspected the vehicle identification number(s) or absence of number on the described vehicle and the information entered by me is true and correct.

Officer's Name _____ **Badge #** _____

(Please print)

Name of Law Enforcement Agency _____ **Phone #** _____

Signature of Officer _____ **Date** _____

RETURN FORM WITH APPLICATION FOR SPECIAL STATE ASSIGNED VIN NUMBER TO:

**WYOMING DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE LICENSING & TITLING
5300 BISHOP BLVD.
CHEYENNE, WY 82009-3340**

MV-300C (10-99)