



Secretary of State
Affirmation Statement for
Tow Truck License Plates

This space for use by
Secretary of State

Secretary of State
Special Plates Division
501 S. 2nd St.
Springfield, IL 62756
217-782-2470
217-524-0119 (FAX)
www.cyberdriveillinois.com

Company/Individual Name _____

Address (as indicated on registration) _____

City, State, ZIP Code _____

The undersigned affirms that the Certificate of Insurance submitted on behalf of the above indicated company or individual does not meet statutory insurance requirements for the following reason(s): (Check applicable boxes)

- \$25,000 Garagekeepers Legal Liability – Company or individual does not have repair or storage facilities.
- Workers Compensation – Company/individual is the sole proprietor and does not have any other employees.
- On-Hook Coverage – Company/individual only tows vehicles owned by the company/individual.

The following vehicle(s) are affected by this affirmation:

Year: _____ Make: _____ VIN: _____

Year: _____ Make: _____ VIN: _____

Year: _____ Make: _____ VIN: _____

Year: _____ Make: _____ VIN: _____

I affirm, under penalty of perjury, that all information contained in this affirmation is true and correct, and will assume liability and any litigation costs that may arise from this affirmation.

Authorized Signature

Date

Printed Name