



Secretary of State
Affirmation Statement for
Permanently Mounted License Plates

This space for use by
Secretary of State.

Secretary of State
Vehicle Services Department
Commercial & Farm Truck Division
501 S. Second St., Rm. 300
Springfield, IL 62756
217-785-1810
www.cyberdriveillinois.com

The undersigned does hereby affirm that the vehicle described herein will be operated in accordance with the requirements of the Illinois Vehicle Code, 625 ILCS 5/3-812, Vehicles with Permanently Mounted Equipment – Registration Fee.

Affiant further declares that the vehicle described herein is not for hire, shall not be operated more than 50 percent of the registration year, is not used to haul cargo or supplies (cargo and supplies being defined as any commodity not directly related to the mechanical operation of the permanently mounted equipment), and is used exclusively by the owner for the transporting of such permanently mounted equipment, tools and equipment used incidentally in the work performed by the permanently mounted equipment. Operations of this vehicle shall be in accordance with all applicable laws, rules and regulations. The transportation of a motor vehicle with permanently mounted equipment registration to a job site to complete a specific task shall not be interpreted as "for-hire" movement.

NAME (APPLICANT OR BUSINESS)			
ADDRESS			
CITY			IL ZIP CODE
VEHICLE YEAR	VEHICLE MAKE	BODY STYLE	VEHICLE IDENTIFICATION NUMBER (VIN)
COMPLETE DESCRIPTION OF VEHICLE.			<p>*This vehicle may be equipped with following (check all that apply):</p> <input type="checkbox"/> Tool Boxes <input type="checkbox"/> Open Storage Space <input type="checkbox"/> Evacuation Tanks <input type="checkbox"/> Other Storage Devices <input type="checkbox"/> Flat Bed Space <input type="checkbox"/> Boxes or Bins <input type="checkbox"/> Storage Tanks <input type="checkbox"/> Other _____
<p>PICTURES OF THE FRONT, SIDE and REAR MUST BE SUBMITTED.</p>			<p>If you have marked any of the above boxes, a more detailed description and usage is necessary. Please use the reverse of this form.</p>
CONTACT PERSON'S NAME			
DAYTIME PHONE NUMBER(S)			

VEHICLES NOT IN COMPLIANCE ARE SUBJECT TO SUSPENSION OF REGISTRATION PLATES.

DATE

AUTHORIZED SIGNATURE

TITLE

Approved by: _____