

Plate # (if none, leave blank) _____

Company Name & Address	Company Name		Owner's Name	
	Mailing Address			
	City		State	ZIP Code
	Physical Address			
	Vermont Tax Number	Federal ID / SSN	Phone	Email

1	I have facilities at my place of business to maintain records as required in 23 V.S.A. § 491 . <input type="checkbox"/> Yes <input type="checkbox"/> No
2	I certify that the intended use of the Transporter plate meets the use as defined in 23 V.S.A. § 4 (42) . <input type="checkbox"/> Yes <input type="checkbox"/> No
3	I certify that business will be conducted during regularly established business hours as defined in 23 V.S.A. § 491 . <input type="checkbox"/> Yes <input type="checkbox"/> No
4	I have attached the Letter of Purpose. <input type="checkbox"/> Yes <input type="checkbox"/> No
5	I certify that I have obtained insurance for transporter purposes (23 V.S.A. § 800). <input type="checkbox"/> Yes <input type="checkbox"/> No
6	As a Transporter, <input type="checkbox"/> I certify that I own the property/building or <input type="checkbox"/> they are leased and: a. the lease expires on _____ (mm/dd/yyyy), or b. the lease is subject to automatic renewals every _____ years until 20____, or

Vermont Mandatory "Good Standing" Declarations

Child Support	Child Support Orders, 15 V.S.A. § 795c: As of the date of this application: (you must check one)
	<input type="checkbox"/> I am not subject to a child support order; OR
	<input type="checkbox"/> I am subject to a child support order and am in good standing or in full compliance with a plan to pay; OR
	<input type="checkbox"/> I am not in good standing or in full compliance with a plan to pay.
Vermont Taxes	Tax Compliance, 32 V.S.A. § 3113b: As of the date of this application: (you must check one)
	<input type="checkbox"/> No taxes are due and payable and all required returns have been filed; OR
	<input type="checkbox"/> I have never lived or worked in Vermont and do not owe Vermont taxes; OR
	<input type="checkbox"/> The liability for any taxes due and payable is on appeal; OR
	<input type="checkbox"/> I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/> I am not in good standing with the Vermont Department of Taxes or in full compliance with a plan to pay.	
Judicial Bureau	Unpaid Judgments, 4 V.S.A. § 1110b&c: As of the date of this application: (you must check one)
	<input type="checkbox"/> I do not have any unpaid judgments; OR
	<input type="checkbox"/> I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/> I am not in good standing.	

I, the undersigned, declare that I am the **described owner** and hereby apply for registration. I hereby affirm, under penalty of perjury of the laws of the State of Vermont, that the information on this form is true and correct. This declaration made under penalties of 23 V.S.A. § 202 & § 4110.

Printed Name of Owner	Signature of Owner	Date