

PERMIT FOR AUTOMOBILE RESTORATION

OWNER: _____

ADDRESS: _____

DATE OF ISSUANCE: _____

EXPIRATION DATE: _____

MAKE, MODEL & YEAR: _____

COLOR: _____

VEHICLE IDENTIFICATION: _____

LAST REGISTRATION PLATE #: _____

NAME OF LAST REGISTERED OWNER: _____

ADDRESS: _____

APPROVED BY: _____

DATE APPROVED : _____

EXPIRATION DATE: _____