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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.*

Said motor vehicle will be used exclusively by the owner for the transporting of such permanently mounted equipment and tools and equipment used **incidentally** in the work performed by the permanently mounted equipment. Said motor vehicle is **not for hire**. Said motor vehicle is not operated more than **50 percent** of the registration year.

Said motor vehicle will not be used to haul cargo and/or supplies. (Cargo and supplies are defined as any commodity not directly related to the mechanical operation of the permanently mounted equipment. Service parts or supplies are not directly related to the operation of the permanently mounted equipment.) 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.

APPLICANT OR COMPANY NAME			
STREET ADDRESS			
CITY			ZIP CODE
VEHICLE YEAR	VEHICLE MAKE	BODY STYLE	VEHICLE IDENTIFICATION NUMBER (VIN)
DESCRIPTION OF EQUIPMENT MOUNTED UPON VEHICLE.			*This vehicle equipped with (check all that apply): ❑ Tool Boxes ❑ Flat Bed Space ❑ Open Storage Space ❑ Boxes or Bins ❑ Evacuation Tanks ❑ Storage Tanks ❑ Other Storage Devices (See below for more information.)

NOTE: Pictures of the front, rear and one side of vehicle are required for all applications.

*If this vehicle is equipped as noted, a more detailed explanation is required. Use reverse side of this form for explanation. Complete description of mounted equipment is required.

DATE _____ AUTHORIZED SIGNATURE _____ TITLE _____

VEHICLES NOT IN COMPLIANCE ARE SUBJECT TO SUSPENSION.

Approved by: _____

Printed by authority of the State of Illinois. July 2006 — 200 — VSD 697