



IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section

502 East 9th Street, Des Moines, IA 50319-0034

(515) 725-8200 www.iowadnr.gov

APPLICATION/AFFIDAVIT FOR NEW OR REPLACEMENT SNOWMOBILE/ATV/ ORV/ORM VEHICLE IDENTIFICATION NUMBER

• Applicant Information

Last Name:		First Name:	
Date of Birth:		Phone #:	
Mailing Address:			
City:		State:	
		Zip:	

<input type="checkbox"/> Snowmobile	<input type="checkbox"/> All Terrain Vehicle	<input type="checkbox"/> ORV	<input type="checkbox"/> ORM
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Year:		Manufacturer:		Model:		CC:	
Reason for no VIN:	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Homebuilt	<input type="checkbox"/> Lost or Destroyed				

I state that I am the owner of the above named vehicle. I further state that this vehicle has no VIN issued by the manufacturer or the Iowa Department of Natural Resources for the reason listed above.

Owner's Signature:	
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For Officer's Use Only

VIN:		Inspection Date:	
Officer's Name (PLEASE PRINT):			
Officer's Signature:		Badge #:	

After inspection and new number affixed to machine, owner will return this form to the County Recorder for completion of process.