

5-DAY TRANSPORT CERTIFICATE

DSD 5A (11/10/2015)

CERTIFICATE MUST BE IN POSSESSION OF PERSON OPERATING VEHICLE

TRANSPORT PLATE NUMBER

ASSIGNED OPERATOR AND VEHICLE INFORMATION			
ASSIGNED OPERATOR FULL LEGAL NAME (print) (last)		(first)	(middle) (suffix)
ADDRESS (street)		(city)	(state) (zip code)
VEHICLE TO BE OPERATED WITH THIS CERTIFICATE (YEAR)		(MODEL)	(IDENTIFICATION NUMBER)
CERTIFICATE ISSUE DATE (mm/dd/yyyy)	CERTIFICATE ISSUE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	CERTIFICATE EXPIRE DATE (mm/dd/yyyy)	CERTIFICATE EXPIRE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

CERTIFICATE INFORMATION	
REASON FOR USING 5-DAY TRANSPORT CERTIFICATE	
<input type="checkbox"/> TRANSPORT VEHICLE FROM MOTOR VEHICLE AUCTION OR OTHER POINT OF PURCHASE OR SALE.	<input type="checkbox"/> TRANSPORT VEHICLE FOR REPAIRS, PAINTING OR INSTALLING PARTS OR ACCESSORIES
<input type="checkbox"/> TRANSPORT VEHICLE BETWEEN PROPERTIES OWNED OR CONTROLLED BY THE SAME DEALERSHIP	<input type="checkbox"/> TRANSPORT VEHICLE TO DEMONSTRATE TYPES OF VEHICLES FOR WHICH THE DEALER DOES NOT HAVE APPROPRIATE PLATES.

DEALER CERTIFICATION		
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.		
DEALERSHIP NAME(print)	DEALER CERTIFICATE NUMBER	
DEALERSHIP REPRESENTATIVE SIGNATURE	TITLE	DATE (MM/DD/YYYY)

ORIGINAL: VEHICLE OPERATOR COPY: DEALER

Cut on the dotted line and give this copy to the dealer.

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ORIGINAL: VEHICLE OPERATOR COPY: DEALER