

2017 VEHICLE IDENTIFICATION REQUEST FORM
ALL INFORMATION MUST BE TYPED OR PRINTED LEGIBLY
RETURN NO LATER THAN MARCH 31, 2017

LAST NAME _____ FIRST NAME _____

HOME ADDRESS _____

SHIELD NUMBER _____ WORK LOCATION _____

WORK PHONE NO. _____ CELL PHONE NO. _____

YEAR AND MAKE OF AUTO _____ STATE REGISTERED _____

REGISTERED TO _____ PLATE NUMBER _____

RELATIONSHIP OF VEHICLE OWNER TO MEMBER _____

YEAR AND MAKE OF AUTO _____ STATE REGISTERED _____

REGISTERED TO _____ PLATE NUMBER _____

RELATIONSHIP OF VEHICLE OWNER TO MEMBER _____

I CERTIFY THAT I WILL USE THE VEHICLE IDENTIFICATION CARD ISSUED TO ME ONLY WHEN I AM ON OFFICIAL BUSINESS FOR THE STATE OF NEW YORK AND UNDERSTAND I MAY PARK IN AREAS DESIGNATED ONLY FOR COURT EMPLOYEES, THIS VEHICLE I.D. CARD MUST NOT BE USED BY MEMBERS OF MY FAMILY AND/OR FRIENDS AND WILL BE REVOKED IF USED IMPROPERLY.

SIGNATURE

*ATTACH PHOTOCOPY OF
REGISTRATION HERE*

*ATTACH PHOTOCOPY OF
REGISTRATION HERE*

OFFICE USE ONLY

DATE ISSUED _____ 2017 VEHICLE I.D. # _____

Mail, Fax or Email to
NYS Court Clerks Association
170 Duane Street
New York, NY 10013
Fax (212) 941-5705 Email ctclksnys@aol.com