

# 2018 VEHICLE IDENTIFICATION REQUEST FORM

**ALL INFORMATION MUST BE TYPED OR PRINTED LEGIBLY**

**RETURN NO LATER THAN APRIL 15, 2018**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

SHIELD NUMBER \_\_\_\_\_ WORK LOCATION \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Placard will be delivered to Delegate \_\_\_\_\_

---

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 \_\_\_\_\_

2018 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](mailto:ctclksnys@aol.com)**