STATEMENT OF NON-USE

FOR THE PURPOSE OF CANCELING LIABILITY INSURANCE

This statement must be completed in its entirety and signed by the registered owner.

This is to declare that I,			
,	Registered Owner's Full Name)	(Driver's License Number)	
(Address)	(City,	(City, State, Zip Code)	
registered owner of a(Year)	_,,,,,	(VIN)	
will not operate or allow this vehic			
(Ending Date – Month, Day, Year)	The *beginni	ing date will be the date this	
statement is submitted to the Office	e of Motor Vehicles.		
By my signature, I acknowledge, that I) The above statement of non-use It is my responsibility to submit ending date will be extended.	e is true and correct. t another statement to the Of		
It is my responsibility to obtain roads or highways.	liability insurance on this ve	ehicle prior to operating it on the	
 When this vehicle is once again void. 	operating on the roads or hi	ighways this statement will becom	
(Registered Owner's Sig	nature)	(Date)	

NOTE TO VEHICLE OWNER:

The * "beginning date" will be:

- the date received in office, if hand delivered;
- the postmark date on the envelope, if mailed.

For the purposes of canceling the liability insurance on this vehicle this statement must be submitted to the Office of Motor Vehicles on or prior to the cancellation date of the liability insurance policy. If not, this statement can not be used as compliance for purpose of canceling liability insurance.