

Mail Drop 558M Insurance Unit Motor Vehicle Division PO Box 2100 Phoenix AZ 85001-2100

DE-INSURED CERTIFICATE

Owner/Lessee Name I certify that I am the owner or controlling operator of this vehicle. Vehicle Identification Number Year Make License Plate Number I further certify, under penalty of perjury, that the vehicle was not operated on any public roadway in Arizona at any time during the period indicated below and that the vehicle will not be operated in Arizona until proof of insurance is on file with the Motor Vehicle Division. Month Day Month Day Year From: To: Reason for Non-Use I understand that I must still pay any registration fees and taxes required, and if it is later determined that the vehicle was operated during this time period, I will be required to maintain a certificate of liability insurance known as an SR22. Signature Date