ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

Mandatory Liability Insurance Affidavit

This affidavit should be completed by any registrant requesting an extension to claiming the vehicle was stored, inoperable, or otherwise unused for good cause in accordance with Section 32-7A-11, Code of Ala. 1975 and rules promulgated there under. In order to qualify for the extension of time, the applicant must submit this form to the local licensing official within thirty (30) calendar days from the date the good cause event ceased.

NOTE: All of the following conditions must be met:

• The license plate must be surrendered to the local licensing official;
• The vehicle was not involved in an accident during the lapse in coverage;
• The registrant or a driver of the vehicle was not issued a citation during the lapse in coverage while operating the vehicle on a public road or highway; and
• The exemption was not previously claimed during the current registration period for the vehicle.

REGISTRANT 1 NAME:

ADDRESS 1 (CITY, STATE, ZIP):

REGISTRANT 2 NAME:

ADDRESS 2 (CITY, STATE, ZIP):

EVENT CEASE DATE:

VEHICLE IDENTIFICATION NUMBER (VIN):

VEHICLE INFORMATION (YEAR, MAKE, MODEL):

LICENSE PLATE NUMBER:

INSURANCE VERIFICATION DATE:

Please check all that apply and provide documentation to the satisfaction of the licensing official.

☐ Vehicle was impounded.

☐ Registrant, by evidence of military orders, was stationed or deployed outside Alabama.

☐ Registrant was incarcerated.

☐ Registrant was hospitalized or otherwise medically incapacitated.

☐ The licensing office was closed during some of the time period that the registrant was authorized to surrender the license plate.

I/we hereby certify under penalties of perjury to be the lawful and true owner(s) of the vehicle described above and that this vehicle has not been operated during the lapse in liability insurance coverage.

SIGNATURE 1: _____
(SIGNATURE)   DATE:

SIGNATURE 2: _____
(SIGNATURE)   DATE: