



**Secretary of State
Delayed Registration Affirmation**

**This space for use by
Secretary of State**

**Secretary of State
Vehicle Services Department
501 S. Second St.
Springfield, IL 62756
www.ilsos.gov**

State of Illinois _____

County of _____

I, _____, affirm that the
following described vehicle:

Vehicle Make _____

Body Style _____ Model Year _____

Vehicle Identification Number (Serial) _____

was purchased by me on _____, _____, _____,
Month/Day Year

from _____,

I further state that the above described vehicle has not been operated from

_____, _____, _____, until _____, _____, _____,
Month/Day Year Month/Day Year

for the following reasons: _____

I affirm that the above information is true and correct.

Signature of Owner

Date _____, _____, _____,
Month/Day Year

The above information is subject to audit at the discretion of the Secretary of State (625 ILCS 5/4-803).