



Secretary of State
Request for Transfer of
Vehicle Registration License Plates

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Secretary of State.

Secretary of State
Vehicle Services Department
501 S. Second St., Rm. 532
Springfield, IL 62756
ilsos.gov

I/We (transferor) release all interest in the following vehicle registration license plates to the individual below (transferee). I/We acknowledge that such transfers are allowed only to immediate family members.* The transferee is my/our _____ Relationship.

Plate Number: _____ Specialty Plates Category (if applicable): _____

Vehicle to which plates are currently registered:

Make: _____ Model: _____ Year: _____

VIN: _____

Person to whom vehicle registration license plates are to be transferred:

Name: _____

Address: _____

Under penalty of perjury, the undersigned hereby affirm that the information set forth above is correct.

Transferor:

Transferee:

 Name (type or print)

 Name (type or print)

 Signature

 Signature

Date: _____

Date: _____

*Immediate family members include: (a) the transferor's spouse, father, mother, children, brothers, sisters and grandchildren; (b) the father, mother, brothers and sisters of the transferor's spouse; and (c) the spouse of a child, brother or sister of the transferor.