TC-853B



Original and Supplemental Rental Application

Rev. 10/13

dmv.utah.gov

Division of Motor Vehicles · PO Box 30412, Salt Lake City, UT 84130 · Telephone 801-297-7780 Name of applicant Business street address (where records are kept - must be a Utah address) City County State ZIP code						Business te	lephone numbe	r	License ye							Indicate the mo	onth of		
						Mailing stre	et address			Person to contact regarding application				Telephone number		Check bo	Check box if this is a nonexpiring rental fleet		
						City State ZIP code					City			State	Fax number		Federal identifi	Federal identification no.	
Unit	Year	Make	Vehicle Identification Number		er	la Unlac		xles/	Name of owner	Date of	Purchase	Factory	late	Title Temp.	License plate	tax	Office Use Only ty Dealer name or previous license	Dealer name or	
number						교 weig	nt gross we	gnt & w		purchase	price	price			number	1 yr. 2	yr. number year		
number Plate VIN					My signature below acknowledges that under penalty of law, I certify, under the penalties of perjury, that the information herein is true, correct, and complete.														
														HVU	T verified				
					Signature Date I/M verified														
					F		D-Diesel G-Gasoline	P-Prop N-Natu							l l				