



Secretary of State
Non-Receipt Affirmation
In Case of Non-Receipt of
License Plates or Expiration Sticker

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

Secretary of State
Vehicle Services Department
501 S. Second St., Rm. 520
Springfield, IL 62756
Fax: 217-785-1038
www.cyberdriveillinois.com

Date _____

Name of Owner(s) 1. _____
 2. _____

Street Address _____

City, State, ZIP _____

Telephone Number _____

Vehicle Identification Number (VIN) _____

Year _____ Vehicle Make _____

Currently registered under license plate number: _____

As of this date I/we have not received:

- License Plate(s) for Year of _____
- Expiration Sticker for Month of _____ Year _____

I/We hereby affirm that the information provided is true and correct.

Signature of Owner(s) 1. _____
 2. _____

Instructions:

1. Facility must issue a sticker.
2. No evidence of payment is necessary if file is updated.
3. Complete and mail this affirmation to the address above, along with a photocopy of the front/back of the canceled check if the file is not updated or the facility does not have sticker/plates.

FOR OFFICE USE ONLY	Sticker/Plates issued by Facility
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Sticker # _____	Plate # _____