

## **Utah State Tax Commission**

## **Certificate Of Inspection**

TC-661 Rev. 12/12

Division of Motor Vehicles · PO Box 30412, Salt Lake City, UT 84130 · Telephone 801-297-7780 or 1-800-368-8824

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## Any Alteration or Erasure Will Void This Document.

Units registered in the State of Utah for the first time (except new units sold by licensed and bonded Utah dealers) must be inspected to verify the vehicle/hull identification number.

to verify the vehicle/hull identification number.				
Section 1 - Applicant Information  Name (last, first, middle initial, or business name)				
Address (street, city, state, zip)				
Section 2 - Vehicle/Vessel Information				
Vehicle/Hull Identification Number (VIN/HIN) or serial number				
1 2 3 4 5 6 7	8 9 10 11	12 13	14 15 16 17	
VIN/HIN location	]		Plate number	
Visible through windshield Body-right	Trunk On engine		State of issue	
Body-left (driver side) Engine compartment	Frame Other:			
Year Make Model		Body style	Cylinders	
	railers and watercraft)	Hull material (wa	atercraft)	
HPCC f	t in			
Propulsion type (watercraft)  Inboard (ex. I/O & Jet)  Jetdrive  Outboard	Outboard outdrive A	irboat Sailb	ooat	
Section 3 - Inspection Certification				
Only a DMV employee, designated contractor, Utah peace off that the officer or agent has physically inspected the identifica peace officers and authorized agents of other state motor veh This is to certify that I have personally inspected the unit described.	tion number (VIN/HIN) as it a icle offices will be accepted.	ppears on the un	it. Inspection by out-of-state	
Signature of officer or agent		Date		
X		Date		
Department, dealer or station name		ID. ba	dge, dealer or license no.	
- Soparanon, assess of station name		, , , ,	3.,	
For Office Use Only		I		
NCIC Check				
No Hit Found Hit Found Partial Hit Found				
Officer/Agent name	Agency name	Agency name		
ID/Badge number	Date			
15/5dage Hamber	Duto			
NLETS Search	'			
10 - State 50 - State No Record Found	Record found in:			
Officer/Agent name	Agency name			
ID/Badge number	Date			