



CITY OF SAN BUENAVENTURA
VENTURA POLICE DEPARTMENT

1427 Dowell Dr ● Ventura ● CA 93003-7361 ● (805) 339-4400 Ext.. 1114

VEHICLE REGISTRATION FORM

Applicant's Name: _____ Citizenship _____

Business Name: _____ Bus License # _____

Business Address: _____

Daytime Phone#: _____ Evening Phone # _____

Number of vehicles to be operated _____

Vehicle 1) Make _____ Model _____ Year _____ VIN # _____

License # _____ Does ownership certificate or title has a "salvage" designation? Yes No

Has the vehicle -been previously damaged? No Yes If yes, state the nature of such damage _____

Vehicle 2) Make _____ Model _____ Year _____ VIN # _____

License # _____ Does ownership certificate or title has a "salvage" designation? Yes No

Has the vehicle been previously damaged? No Yes If yes, state the nature of such damage _____

Vehicle 3) Make _____ Model _____ Year _____ VIN # _____

License # _____ Does ownership certificate or title has a "salvage" designation? Yes No

Has the vehicle been previously damaged? No Yes If yes, state the nature of such damage _____

Vehicle 4) Make _____ Model _____ Year _____ VIN # _____

License # _____ Does ownership certificate or title has a "salvage" designation? Yes No

Has the vehicle been previously damaged? No Yes If yes, state the nature of such damage _____

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge.

Signature: _____ Application Date: _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Effective Date: _____ **Expires:** _____ **Comments** _____
