

# VEHICLE IDENTIFICATION NUMBER (VIN) VERIFICATION FORM

---

## Vehicle Owner Information:

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Vehicle Information:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Color: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

## Verification Information:

Verification Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

---

## THIS SECTION IS FOR COMPLETION BY THE VEHICLE INSPECTOR

### Inspection Findings:

I, the undersigned, hereby certify that I have physically inspected the VIN of the vehicle described above and confirm the following:

- The VIN matches the information provided by the vehicle owner.
- The VIN does not match the information provided by the vehicle owner.

Any additional remarks or discrepancies noted during inspection:

---

---

---

### Certification:

I certify that the information provided in this VIN Verification Form is true and accurate to the best of my knowledge.

Verifier Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Verifier Name: \_\_\_\_\_

Verifier Title: \_\_\_\_\_

