

# OWNER'S NOTICE OF INSURANCE CANCELLATION

**NAME(S) AS SHOWN ON VEHICLE TITLE:**

**THIS STATEMENT IS TO NOTIFY DMV OF THE CANCELLATION OF INSURANCE FOR THE FOLLOWING REASON:**

I/we hereby state under penalty of false swearing, the vehicle described herein will not be operated without a liability insurance policy in effect.

**(X)**

OWNER SIGNATURE

**(X)**

OWNER SIGNATURE

**LICENSE PLATE NUMBER**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**TITLE NUMBER**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**VEHICLE MAKE**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**MODEL YEAR**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**DATE OF THIS SIGNED STATEMENT**

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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***A License plate MUST accompany this statement.***