www.dg-uid.com
L457TRS-01
K736957DY
12345-01-42-904

DEALER PIN-VIN REGISTRATION FORM

Dealership Name: _____ Dealer Code: _____

Address: _____

City: _____ State: _____ ZIP: _____

Dealership Phone: _____ Fax: _____ Email: _____

VEHICLE DETAILS

Have all vehicle labels been fitted to parts according to DotGuard application guides: YES _____ NO _____

Vehicle PIN (required)	**VIN / Serial Number** (required)	**Model-Make** (optional)	**Year** (optional)	**Customer** (optional)

Dealer hereby requests registration of the above vehicles into the DotGuard National Registration system.

DEALER SIGNATURE _____

Please fax this form to 1 (425) 369-0201 or email info@dotguarduid.com.
Access DotGuard Online Dealer Management System: www.dg-uid.com