



Motor Vehicle Division

46-0602 R11/23

azdot.gov

Mail Drop 535M
Insurance Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

DE-INSURED CERTIFICATE

Owner/Lessee Name

Vehicle Identification Number	Year	Make	License Plate Number
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I certify that I am the owner/lessee of the vehicle described above and that the vehicle was not and/or will not be operated on any public roadway in Arizona at any time during the period indicated below and that the vehicle will not be operated in Arizona until proof of insurance is on file with the Motor Vehicle Division.

From (required):	Month	Day	Year	To (optional):	Month	Day	Year

Reason

I understand that I must still pay any registration fees and taxes required.

Unless proof of insurance is submitted, this De-Insure Certificate will expire at one year or with the vehicle's registration expiration, whichever is the earliest.

Signature	Date
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