



**Motor
Vehicle
Division**

Mail Drop 558M
Insurance Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

96-0557 R08/08 www.azdot.gov

INSURANCE REQUIREMENTS WAIVER CERTIFICATE

Owner/Lessee Name	Date of Birth	Driver License Number
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I certify that I am the owner or controlling operator of this vehicle.

Vehicle Identification Number	Year	Make	License Plate Number
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I further certify, under penalty of perjury, that the vehicle was not 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:

Month	Day	Year
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To:

Month	Day	Year
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Reason for Non-Use

I understand that I must still pay any registration fees and taxes required, and if it is later determined that the vehicle was operated during this time period, I will be required to maintain a certificate of liability insurance known as an SR22.

Signature	Date
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