Certification of Vehicle Registration

BOONE COUNTY
Solid Waste Management District

P.O. Box 808 Lebanon, Indiana 46052
765-483-0687 Fax: 765-483-0726

Company Name : _____

Contact Name: _____

Address : _____

City, State & ZIP : _____

Phone : _____

Vehicle Type : _____

Color : _____ Make : _____

Vehicle Plate Number : _____

Vehicle Identification Number : _____

_____ _____
Applicant Signature Date

_____
Applicant Printed Name

For Solid Waste District Office Only

Issue Date : _____ Expiration Date : _____

Tag Number : _____

_____
Authorization Signature

Certification is NOT valid, unless properly stamped.