

CERTIFICATE OF VEHICLE IDENTIFICATION NUMBER (VIN) INSPECTION

North Dakota Department of Transportation, Motor Vehicle
SFN 61999 (6-2021)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Website: <https://dot.nd.gov>

Inspection must be performed by a qualified business that is registered and in good standing with the ND Secretary of State, and offers motor vehicle repair services to the public (NDCC 39-05-20.2). Please note: Incomplete or illegible forms will not be accepted.

Vehicle Owner

Owner Name (First Middle Last)		Contact Telephone Number	
Mailing Address	City	State	ZIP Code
Driver's License / ID Number	Driver's License / ID Issuing State or Jurisdiction		

Vehicle Details

Year	Make	Model (as described on manufacturer label)
Vehicle Type (choose one)		
<input type="checkbox"/> Passenger/Pickup	<input type="checkbox"/> Truck / Semi-Tractor	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Other	<input type="checkbox"/> Trailer
		<input type="checkbox"/> ATV/UTV/Off-Highway

Inspection

VIN Location (choose one)																					
<input type="checkbox"/> NO VIN FOUND IN ANY LOCATION											<input type="checkbox"/> Engine										
<input type="checkbox"/> Dashboard/Visible through windshield											<input type="checkbox"/> Engine Compartment										
<input type="checkbox"/> Body - left (driver side)											<input type="checkbox"/> Trunk										
<input type="checkbox"/> Body - right (passenger side)											<input type="checkbox"/> Frame										
<input type="checkbox"/> Other																					
VIN must be permanently affixed to vehicle in the location described above at the time of inspection																					
Vehicle Identification Number (VIN) found on vehicle (Print or type - must be legible)																					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

Certification

Name of Qualified Business Performing Inspection (print legibly)		Date of Inspection	
Business Address	City	State	ZIP Code
Inspector Name (print name of individual performing inspection)			
Signature of individual / employee of qualified business			
By my signature below I am certifying all of the following to be true and correct:			
1.) <i>The vehicle was physically in my presence at the time of inspection</i>			
2.) <i>If a VIN is entered above, the VIN is permanently affixed to the vehicle</i>			
3.) <i>I personally viewed the VIN affixed to the vehicle in the location described above and recorded the VIN accurately on this form</i>			
Signature		Date	

Erasures, alterations, mutilation, or other defacement voids this form

THIS SECTION FOR MVD USE ONLY

ASSIGNED VIN ND	Initials of MVD Staff issuing / assigning VIN	Date
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