

E-mail request to:

## IMPORTATION OF A MOTOR VEHICLE UNDER BOX 8 ON THE HS-7 FORM

IMPORTER OF RE	CORD Company:		
Contact Person:	E-Mail Address:		
Street Address:			
City:		State:	ZIP:
Tel: ()		Fax: ()	
BROKER INFORM	ATION Company:		Filer Code:
Contact Person:	E-Mail Address:		
Street Address:			
City:		State:	ZIP:
Tel: ()		Fax: ()	
VEHICLE INFORMATION Make: Model:			
Model Year:	VIN:		
OFF-ROAD USE A	ND FEATURES		
Photos should be at	tached showing the veh	nicle and its off-road f	<u>eatures.</u>
For questions call: (202) 366-5291	U.S. Department of Transportation National Highway Traffic Safety Administration 1200 New Jersey Ave SE, West Building- 4 <sup>th</sup> Floor, NVS-223 Washington, D.C. 20590		

NOTE: If importing more than one vehicle, attach an addendum with model year, make, model, and VIN for each vehicle. All sections of this form must be complete and <u>submissions in writing must be legible</u> (49 CFR Part 551.31). All requests submitted to this office must allow 30 business days for determination.

importcertification@dot.gov