

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	IATION Company:			Filer Code:
Contact Person:	E-Mail Address:			
Street Address:				
City:		State:	ZIP:	
Tel: ()		Fax: (	)	
VEHICLE INFORM	MATION Make:		Model: _	
Model Year:	VIN:			
OFF-ROAD USE A	ND FEATURES			
Photos should be a	ttached showing the vehicle	e and its off-roa	ad features.	
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			
E-mail request to:	importcertification@dot.g	ov		

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 submissions in writing must be legible (49 CFR Part 551.31). All requests submitted to this office must allow 30 business days for determination.