Star Fleet, Inc.

Please fill this form out completely. * does not apply to one ton pickups

Division: *Mobile Home _____ *Tow Away _____RV _____

Year: _____ Make: _____Model: _____ *Cab Over: _____*Conventional: _____Color: _____

Complete Serial: _____Sleeper Berth: Yes / No

***Empty Weight _____ GVWR _____Length_____ *Axles: Single or Tandem**

***Tire Size: _____ *Wheel Base:_____* Brake: Type Air _____ Electric _____ Hydraulic _____**

Type of Coupling: Fifth Wheel _____Type Ball Hitch _____ Pintle Hook _____

***Will Star Fleet be obtaining your IRP Plate? Yes / No**

If you are using your own plate what is the issuing state? _____And plate number_____
Please include a copy of the registration with this paperwork.

State of Title _____ Title Number _____

Purchase Price: _____ Date of Purchase: _____
The purchase price and date of purchase are required.

_____Social Security_____
Owner Name

_____Date of Birth_____
Address

_____Phone_____
City State Zip

_____
Cell Phone
Fill out driver information only if different than owner.

_____Social Security_____
Driver Name

_____ Date of Birth_____
Address

_____Phone_____
City State Zip

_____
Cell Phone