



VIN CORRECTION REQUEST

(for internal use only)



Fill in all fields

VIN # current (in error) _____

VIN # correct _____

Title # current _____ Issue date _____

Title # previous _____

Customer name current _____

License plate # _____ Year _____

Make _____ Model _____ Body _____

Explanation for correction _____

Field office name and code

Field office phone

Field office email address

Agent name (print)

Manager name (print)

Manager signature

Submit **original** title, **original** Affidavit of VIN Inspection and other supporting documents to: MVD, Field Operations Help Desk, PO Box 1028, Santa Fe, NM 87505

Corrected title should be mailed to:

Name

Address

State and Zip

VIN correction requests are reviewed weekly. Expect at least a three week turn-a-round.