

DOT Safety Helpers, Inc.

1585 Ellinwood Ave. Suite 206 Des Plaines, IL 60016 Tel. (773) 647–3100 ext. 101 Fax (312) 934 -0090 **2021 Transfer Unit**

Everything without leaving your own office!!!!!!!!

Firm Name / Company Name:							
Address:							
DI #.		·	nber, Street Name, Cit				
	one #:						
FIRM #:		PI	N #:	EIN #	:		
NUMBE	RS : (Safety/ Ca	rrier Sign)					
DOT #: _		MC #:	a	nd			
			related to above numbers.				
Enter th	e Unit # w	hat you wai	nt to Adding	(You don't have	option to use the	current unit #)	
UNIT#	UNIT#	UNIT#	UNIT#	UNIT#	UNIT#	UNIT#	
Do You	Register	it in the 20	021 IRP ?		Yes:	No:	
Do You	Need a S	HV (SPECIAL H	AULING VEHICLE	PERMIT) ?	Yes:	_ <i>No:</i>	
Do You	Need a 4	5 Days Ten	nporary Pla	ates?	Yes:	<i>No:</i>	
Do You l	have a cop	y of the Fol	rm 2290?		Yes:	No:	
(Heavy High	nway Vehicle Us	se Tax Return)					
If Yes, pl	lease send i	us copies foi	r all unit by a	ttaching to	this order fo	orm.	
If Not, w	itch Units (t	total Gross V	Neigts over 4	19,999 pound	ds) still need	d to be paid :	
UNIT#	UNIT#	UNIT#	UNIT#	UNIT#	UNIT#	UNIT#	
	ittache to						
		you are transfer	rring from, Bill of Sale or inv	voice (issued by	a licensed deals	\r\	
			orm if vehicle wa				
		(a random numb		s purchased mor	e than oo days	ago,	
		nd Safety Carrie					
,		•	receive a discour	nt for our service	e. Call me at 1-2	24-770-1153	
			ne Application Fo				
			Page 1	of 1			
Autho	orized Signatur	re			Date		