

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

IMPORTER OF RE	ECORD Company:			
Contact Person:	E-Mail Address:			
Street Address:				
City:		State:	ZIP:	
Tel: ()		Fax: (_)	
BROKER INFORM	MATION Company:			Filer Code:
Contact Person:	E-Mail Address:			
Street Address:				
City:		State:	ZIP: _	
Tel: ()		Fax: ()	
VEHICLE INFOR	MATION Make:		Model:	
Model Year:	VIN:			
OFF-ROAD USE A	AND FEATURES			
	-			
Photos should be a	ttached showing the vehic	le and its off-ro	ad features.	
Fax request to: (202) 366-1024	NVS-223 National Highway Traffi 1200 New Jersey Ave SI Washington, D.C. 20590	Ξ	stration	
E-Mail photos to:	Dick.Merritt@dot.gov			

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