MOTORIST INFORMATION and VEHICLE STATUS FORM

Please complete this form and mail to:

Illinois Environmental Protection Agency Vehicle Emissions Test Program 1021 N. Grand Ave. East Springfield, IL 62794-9275

All requested information MUST be provided and a registered owner must sign this form or it will NOT be processed.

For faster service, this form may be e-mailed to epa2528@epa.state.il.us, or faxed to 217-524-5084, or sent by overnight service.

Registered owner CH	ANDRAKANT WILLIAMSON		
Street address 502 R	EVERE AVE		
WESTMONT		State IL	^{Zip} 60559
Daytime telephone number area code (630) 325-1830		Drivers license number W45210046288	
Model Year 2002	Vehicle Make SATURN	Illinois license plate numbe PRITZ76	r
Vehicle Identification Nur	1G8ZF52812Z113339		
Check one box in this column that applies to your situation	and furnish information requested in this column		
1. 🗆	I no longer own this vehicle. It was: Sold Traded Junked on: (month)	Repossessed Given away	
2. 🛭	This vehicle is out of the area. Give address we (street address) 5726 NICOLLET AVENUE (city) MINNEAPOLIS Give date when vehicle will return: (month) SEPTI	(state) MN	0007
3. 🗆	I moved out of the test area. Give address whe (street address)		(zip)
4. 🗆	This vehicle is inoperative. Give the date when you expect the vehicle can be tested: (month)		
5. 🗆	This vehicle passed the Illinois emissions test. Give date and sticker number:		
J. L.	Month Year	Sticker#	
I cortify this inform	mation is true and correct to the hest of my in	numbering and ballof	

Signature of Registered Owner

IL 522 2759

MAY 14, 2007