



12/06/06

DALE CITY CSC (Woodbridge)
Customer Information Form

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Customer Name: CHAREST,WEIFANG,L

In order to complete your transaction(s), DMV will require the following documentation:

MISCELLANEOUS RETURN REASONS

need proof of residence paycheck or address label with full name

When you return, please bring the following:

1. All of the documents you presented on your first visit.
2. The additional documents/information listed above.
3. Required fees.
4. This form.

Teller: DMVP3W 30

Fax number: _____

Fax Attn: _____

PAID - 30

Manager or Designee Signature: _____

DEC 06 2006

Web Address: www.dmvnow.com

DMV Contact Number: 1-866-DMVLINE (1-866-368-5463)

WDB-613