

SR-22

## AAMVA UNIFORM FINANCIAL RESPONSIBILITY FORM

Insured	Name _____		
	First _____	Middle _____	Last _____
Address _____			
Case Number _____	Driver's License Number _____	Birth _____	Social Security Number _____

Current Policy Number \_\_\_\_\_ effective from \_\_\_\_\_

This certification is effective from \_\_\_\_\_ and continues until cancelled or terminated in accordance with the financial responsibility laws and regulations of this State. The insurance hereby certified is provided by an:

**OWNER'S POLICY:** Applicable to (a) the following described vehicle(s), (b) any replacement(s) thereof by similar classification and (c) any additionally acquired vehicles of similar classification for a period of at least 30 days from the date of acquisition.

Model Year	Trade Name	Identification Number
_____	_____	_____
_____	_____	_____

**OPERATOR'S POLICY:** Applicable to any non-owned vehicle.

\_\_\_\_\_ ANNUAL FINANCIAL RESPONSIBILITY INSURANCE CERTIFICATE

The company (signature) \_\_\_\_\_ hereby certifies that it has issued to the above named insured a motor vehicle liability policy as required by the financial responsibility laws of this State, which policy is in effect on the effective date of this certificate.

Name of Insurance Company \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_ Signature of Authorized Representative