

Keep this document to show to the police and courts.

MV-635CR (2/18)

NEW YORK STATE REGISTRATION DOCUMENT



E PAS

APY2901

1967 AUSTI TRANSFERABLE

2DSD BL HBJ8L39626

2490 G 6 I7372424 JUL 01 2019

Wt/Seats

Fuel/Cyl

WEB WEBCDA

Expires 08/26/21

SIMON, CLAUDE

71 TONJES RD

CALLICOON NY

12723

20.25

ANNUAL CHG

AMT PAID (INCL ADD CHG)

776876DP VOID IF ALTERED EXCEPT FOR ADDRESS

50.50



FS-20 (4-72) NEW YORK STATE INSURANCE IDENTIFICATION CARD

Company
Code

328

Name & Address of Insurer

State Farm Mutual Automobile Insurance Company

PO Box 8000

Ballston Spa, NY 12020-8000

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic law to:

POLICY NUMBER

737 1117-815-320

SIMON, CLAUDE

71 TONJES RD

CALLICOON NY 12723-5729

EFFECTIVE DATE

AUG 15 2019 12:01 a.m.

(Not acceptable to obtain registration after 45 days from effective date)

EXPIRATION DATE

FEB 15 2020 12:01 a.m.

Applicable with respect to the following Motor Vehicle

Year Make

1967 AUSTIN

Vehicle Identification Number

HBJ8L39626

AGENT PHONE # (516) 802-3333

2252-ACS

NAIC

25178



MUTL VOL

SEE IMPORTANT MESSAGE ON REVERSE SIDE

4-A
SYS PENDING