



State of Alabama
 Department of Revenue
 Investigations Division

No _____

INV 31-1
 10/00

P.O. Box 327641 • Montgomery, Alabama 36132-7641 • (334) 242-3012

Inspection Application Remittance Advice

OFFICE USE ONLY
Inspection _____
Title _____

Please submit a separate cashier's check for each application to avoid delays in processing when more than one application is submitted. Please note that the \$75.00 application fee and the \$15.00 title fee is *non-refundable*. Use of this form will expedite the processing of the application for inspection and issuance of title.

All fees must be in certified funds.

Doc. Type MM

DEPT. USE ONLY	OWNER'S NAME	CHECK NO.	VEHICLE IDENTIFICATION NO.	AMT. OF FEES
TOTAL AMOUNT				

Remitted By: _____

 LICENSE NUMBER

Date: _____

Agent: Investigations Division

Agent No.: 3-7

**ORIGINAL AND YELLOW COPY TO BE FILED WITH THE ALABAMA DEPARTMENT OF REVENUE
 PINK COPY TO BE RETAINED BY THE APPLICANT**