



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
Mandatory Liability Insurance Unit
P.O. Box 327650
Montgomery, AL 36132-7650

<Name>
<Name>
<Address>
<City>, <State> <ZipCode>

OUTSIDE MAILER ENVELOPE PANEL

Mandatory Liability Insurance Questionnaire

Date of correspondence: <LetterDate>

Section 32-7A-4, Code of Alabama 1975, requires vehicle owners to maintain liability insurance on motor vehicles operated or registered in this state. In order for the department to verify evidence of insurance, **please complete the online insurance questionnaire at: mli.mytrip.alabama.gov**. The license plate number and PIN included in this mailer will be needed to complete the online questionnaire. If you are unable to complete the questionnaire online, please complete and return this mailer by fax to (334) 353-8105 or mail. Your insurance company will be contacted to verify the information provided. **IF YOU RESPOND ONLINE, DO NOT MAIL/FAX THE QUESTIONNAIRE.**

Failure to respond to this questionnaire may result in the suspension of your vehicle registration. For additional information regarding this matter, please contact the department at: mli@revenue.alabama.gov or (334) 242-9000, option 4.

Insurance Verification

Insurance Verification Date: <VerificationDate>
Registrant Name:<Name>
 <Name>

PIN #: <PIN>
License Plate: <TagNumber>

Vehicle Identification No.: <VIN> **Make:** <VehicleMake> **Model:**<VehicleModel> **Year:** <VehicleYear>

Was the vehicle identified above insured on the above insurance verification date? Please select ONE response below.											
YES <input type="checkbox"/> Insurance information must be provided below, OR											
NO <input type="checkbox"/> The vehicle was operated/registered without insurance on the above insurance verification date. NOTE: The registration will be suspended. Please refer to mli.mvtrip.alabama.gov for reinstatement instructions and appeal rights, OR											
EXEMPT - The vehicle was <input type="checkbox"/> stored <input type="checkbox"/> inoperable <input type="checkbox"/> sold on / before the above insurance verification date. NOTE: The registration will be revoked unless the registration was transferred to another vehicle. Please refer to mli.mvtrip.alabama.gov for instructions and appeal rights.											
Insurance Company Name:											
Insurance Co. NAIC Number:							This 5-digit number is required and can be found on your insurance card. Contact your insurance agent if you are unable to locate this number.				
Insurance Co. Street Address:											
Ins. Co. City, State, Zip:							Ins. Co. Phone Number:				
Policy Number:											
Policy Effective Date:							Policy Expiration Date:				
Signature:								Date:			

Barcode

REGISTRANT RESPONSE PANEL

<Name>
<Name>
<Address>
<City>, <State> <ZipCode>

Place
Stamp
Here

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RETURN MAILER PANEL