



Second Owner Verification Form:

Please be sure to complete all information on this form.

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____

Vehicle Identification Number: _____

Vehicle Year: _____ Make: _____ Model: _____

Daytime Telephone: _____ Evening Telephone: _____

I hereby state that I am the current owner of the vehicle identified above:

Signature: _____

Print Name: _____ Date: _____

Once you have completed this form, follow these instructions for prompt processing:

1. Make a copy of your driver's license and the vehicle registration
2. Mail or fax this completed form, along with a copy of your driver's license and vehicle registration. Once LoJack has received this documentation, a representative will contact you within 2 business days.

Fax: 1-800-909-2000 Attention: Second Owner Verification Department

Mail: LoJack Second Owner Verification Department

PO Box 902800

Palmdale, CA 93590-2800