Print Form

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

OBSOLETE STICKER INVENTORY

DEPUTY LOCATION: _____

DEPUTY #: _____

TYPE OF STICKER	BEGIN NUMBER	END NUMBER	TOTAL # STICKERS	INITIALS OF LIAISON/REP

DO NOT DESTROY UNTIL OK'd BY THE CPG AUDIT SECTION

Comments:

SUPERVISOR'S SIGNATURE **X** _____ DATE COMPLETED: _____

LIAISON/REP SIGNATURE **X** _____ DATE VERIFIED: _____

Rev. Feb. 2019