

Request for NTTC

PRINT ALL INFORMATION

Name of Company: _____

State of NM CRS #: _____

This number must be given in order to complete the transaction.

Address: _____

City and State (if other than NM): _____

Phone # and Name of Contact: _____

Fax # _____

Request for NTTC

Out of State Seller/Lessor Without NM CRS # ID

PRINT ALL INFORMATION

Federal ID #/SSN: _____

Business Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Contact Name: _____

Phone #: _____

Fax #: _____