

TYPE OF REGISTRATION (<i>Passenger, Combination, etc.</i>)		CLASS CODE	REGISTRATION PLATE NUMBER	CANCEL REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO - Replaced by <i>marker plate number</i> <i>(indicate below)</i>
YEAR	MAKE	MODEL NAME OR NO.		
NUMBER OF PLATES RETURNED: <input type="checkbox"/> ONE <input type="checkbox"/> NONE		PLATE(S) WERE: <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN		

MARKER PLATE NOTICE

E-159 REV. 7-2006

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
BRANCH OPERATIONS DIVISION
 On The Web At ct.gov/dmv


INSTRUCTIONS:

1. PRINT IN INK.
2. Complete and return to the nearest DMV office or mail to:
 Department of Motor Vehicles, Registry Records Section, 60 State Street, Wethersfield, CT 06161-5057

 NAME OF INDIVIDUAL(S)/COMPANY THE VEHICLE IS REGISTERED TO (*Last, First, Middle*)

ADDRESS OF THE INDIVIDUAL(S)/COMPANY THE VEHICLE IS REGISTERED TO

(Number and Street)
(City or Town)
(State)
(Zip Code)

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

 AUTHORIZED SIGNATURE (*Individual/Company vehicle registered to*)

X

DATE SIGNED