

**REQUEST FOR A DUPLICATE  
MOTOR VEHICLE REGISTRATION**

B-341 REV. 8-2010

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
BRANCH OPERATIONS DIVISION  
On the web at [ct.gov/dmv](http://ct.gov/dmv)



**INSTRUCTIONS:**

1. Complete this form in its entirety.
2. Make a \$20 check out to "DMV". **DO NOT SEND CASH.**
3. Sign the form at the bottom and mail the form and your check to:  
*Department of Motor Vehicles, Customized Services - Duplicate Registration,  
60 State Street, Wethersfield, Connecticut 06161.*

**VALIDATED ABOVE BY DMV**

---

**LICENSE PLATE NUMBER OR VEHICLE ID NUMBER**

---

**NAME(S) ON REGISTRATION**

---

**ADDRESS ON REGISTRATION**

---

**MAILING ADDRESS** *(If different)*

**ARE YOU REQUESTING  
THAT DMV CHANGE YOUR  
MAILING ADDRESS?**

**YES**

**NO**

---

**SIGNATURE OF APPLICANT**

---

**DATE SIGNED**

**X**

---

---