

REPLACEMENT PLATE APPLICATION

E-45 REV. 8-2015

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
SPECIAL ORDER PLATE UNIT

TELEPHONE NUMBER 860-263-5154

INSTRUCTIONS:

1. Complete all sections of application
2. Make your check or money order payable to DMV
3. Submit all parts of this application to:
DMV, Special Order Plate Unit, 60 State Street, Wethersfield, CT 06161

On The Web at ct.gov/dmv

SECTION 1 REASON FOR REPLACEMENT AND FEES (Check One)	<input type="checkbox"/> Remake a mutilated plate \$25.00	<input type="checkbox"/> Remake a mutilated Long Island Sound Plate \$15.00		
	<input type="checkbox"/> Remake a lost or stolen plate \$45.00 (you must wait 10 months from date reported to DMV lost or stolen)	<input type="checkbox"/> Remake a lost or stolen Long Island Sound plate \$35.00 (you must wait 10 months from date reported to DMV lost or stolen)		
	<input type="checkbox"/> Remake a plate in a new class \$45.00 (example: pass to comb). You must have the vehicle registered in the appropriate class before the requested plate can be remade	<input type="checkbox"/> Remake a Long Island Sound plate in a new class \$35.00 (example: pass to comb). You must have the vehicle registered in the appropriate class before the requested plate can be remade		
SECTION 2 PLATE INFORMATION	CLASS CODE	PRESENT MARKER PLATE #	EXPIRATION	MARKER PLATE TO BE MADE (If all Letters and a Dot is desired, please specify location of dot).
	CHECK OFF CLASS OF MARKER BEING ORDERED			
	<input type="checkbox"/> Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Combination <input type="checkbox"/> Camp Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Camper <input type="checkbox"/> Other			
	CHECK OFF TYPE OF MARKER BEING ORDERED			
	<input type="checkbox"/> Standard <input type="checkbox"/> Long Island Sound <input type="checkbox"/> Special Interest/Organization			
SECTION 3 REGISTRANT INFORMATION (Please print)	NAME AS APPEARS ON REGISTRATION (Last, First, Middle Initial)		CT DRIVER LICENSE/ID CARD NUMBER	DAYTIME TELEPHONE NUMBER
	ADDRESS (Number and street)		(City or town)	(Zip Code)
SECTION 4 VEHICLE INFORMATION	YEAR	MAKE	IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	VEHICLE IDENTIFICATION NUMBER		MODEL	
SECTION 5 MAIL PLATES TO (If different from address above)	NAME (Last, First, Middle Initial)			DAYTIME TELEPHONE NUMBER
	ADDRESS (Number and Street)		(City or Town)	(Zip Code)