

REGISTRATION AFFIDAVIT

B-301 REV. 4-2018


 STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

CORE CUSTOMER OPERATIONS

60 STATE STREET, WETHERSFIELD, CT 06161-5017

On The Web At ct.gov/dmv

MARKER PLATE NUMBER	VEHICLE YEAR	MAKE	MODEL
APPLICANT'S NAME <i>(Last, First, Middle Initial)</i>			SEX
ADDRESS <i>(Number and Street)</i>			DATE OF BIRTH
<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>	

**VALIDATE ABOVE****TOWN WHERE VEHICLE WILL BE TAXED AS PERSONAL PROPERTY**

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.

APPLICANT'S SIGNATURE X	NAME OF AUTOMOBILE INSURANCE COMPANY <i>(Not Agency)</i>
CO-OWNER'S SIGNATURE X	AUTOMOBILE INSURANCE POLICY NUMBER