

TYPE OF REGISTRATION <i>(Passenger, Combination, etc.)</i>		CLASS CODE	REGISTRATION PLATE NUMBER	CANCEL REGISTRATION? <input type="checkbox"/> YES
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		

VEHICLE IS:  
 SOLD       JUNKED       MOVED OUT OF STATE

**MARKER PLATE NOTICE**

E-159 REV. 11-2019

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
*CUSTOMIZED PLATES & RECORDS*  
 On The Web At [ct.gov/dmv](http://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 <i>(Individual/Company vehicle registered to)</i>  <b>X</b>	DATE SIGNED
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