REQUEST FOR MARKER PLATES
K-6 REV. 7-2002

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DEALERS AND REPAIRERS SECTION
On The Web At ct.gov/dmv

BUSINESS NAME	LICENSE NUMBER

BUSINESS ADDRESS

NO. FULL TIME EMPLOYEES *(Including officers, proprietors)*	NO. WRECKERS	NO. DELIVERY TRUCKS	NUMBER REPAIR CUSTOMERS REQUIRING LOANER VEHICLES

THIS REQUEST IS FOR:

☐ Initial set(s) of plates ☐ Additional set(s) of plates

Based on the above information, I hereby request the following number of plates. ➡

	VEHICLE		OWNER OR EMPLOYEE			FULL/ PART TIME	PAY-ROLL (✓)	TITLE IN POSSESSION OF AND ASSIGNED TO DEALERSHIP *(Y/N)*	REASON FOR LOAN
	YEAR	MAKE	NAME	ADDRESS	OCCUPATION				

NEW/USED DEALERS COMPLETE THE NEXT TWO ITEMS

Number of vehicles sold in the past year or number of vehicles to be sold in the coming year *(wholesale or retail)* ➡	Number of vehicles purchased at other dealers, auctions or buyers on any given day. ➡

I declare that the statements made by me in this application, or in any attached document, are true and complete to the best of my knowledge and belief.

AUTHORIZED SIGNATURE *(Owner, Partner, or Officer)*	TITLE	DATE SIGNED
X		

⬇ DMV USE ONLY ⬇

TYPE OF MARKER PLATE

☐ New Car Dealer ☐ Used Car Dealer ☐ Dismantler ☐ Repairer ☐ Motorcycle ☐ Special Dealer

GROSS VEHICLE WEIGHT *(Only required for Special Dealer)*

REGISTRATION NUMBER(S)	FEE	APPROVAL *(Please Initial)*
	$	

TEMPORARY MARKER(S)	NO. PLATES ISSUED	DATE ISSUED