

REPLACEMENT PLATE APPLICATION

E-45 REV. 11-2018

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 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 mutilated plates \$25.00	<input type="checkbox"/> Remake mutilated Long Island Sound Plate \$15.00			
	<input type="checkbox"/> Remake lost or stolen plates \$45.00 (you must wait 10 months from date reported to DMV lost or stolen)	<input type="checkbox"/> Remake lost or stolen Long Island Sound plates \$35.00 (you must wait 10 months from date reported to DMV lost or stolen)			
	<input type="checkbox"/> Remake plates in a new class \$45.00 (example: pass to comb). You must have the vehicle registered in the appropriate class before the requested plates can be remade	<input type="checkbox"/> Remake Long Island Sound plates in a new class \$35.00 (example: pass to comb). You must have the vehicle registered in the appropriate class before the requested plates can be remade			
SECTION 2 PLATE INFORMATION	CLASS CODE	PRESENT MARKER PLATE #	EXPIRATION	MARKER PLATE TO BE MADE (If a Dot is desired, please specify location)	
	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)