TYPE OF REGISTRATION *(Passenger, Combination, etc.)*	CLASS CODE	REGISTRATION PLATE NUMBER	CANCEL REGISTRATION?
			☐ YES

YEAR	MAKE	MODEL NAME OR NO.

NUMBER OF PLATES RETURNED: ☐ ONE ☐ NONE

PLATE(S) WERE: ☐ LOST ☐ 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

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 *(Individual/Company vehicle registered to)*	DATE SIGNED
X	