

REQUEST FOR ADDITIONAL MARKER PLATES

K-6 REV. 9-2022

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 DEALERS AND REPAIRERS LICENSING UNIT
 Contact us at DMV.DR@CT.GOV



BUSINESS NAME	LICENSE NUMBER
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BUSINESS ADDRESS

NO. FULL TIME EMPLOYEES <i>(Including officers, proprietors)</i>	NUMBER REPAIR CUSTOMERS REQUIRING LOANER VEHICLES	COMMERCIAL PLATES	
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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 ➡	
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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 <i>(Owner, Partner, or Officer)</i> X	TITLE	DATE SIGNED
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↓ **DMV USE ONLY** ↓

TYPE OF MARKER PLATE <input type="checkbox"/> New Car Dealer <input type="checkbox"/> Used Car Dealer <input type="checkbox"/> Repairer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Special XS Dealer Plates	GROSS VEHICLE WEIGHT <i>(Only required for Special Dealer)</i>
REGISTRATION NUMBER(S)	FEE \$
TEMPORARY MARKER(S)	NO. PLATES ISSUED
	APPROVAL <i>(Please Initial)</i>
	DATE ISSUED