

**INSURANCE COMPLIANCE
CONSENT AGREEMENT**

SR-37 REV. 9-2014



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES

INSURANCE COMPLIANCE

60 STATE STREET

WETHERSFIELD, CONNECTICUT 06161-4020

On The Web At ct.gov/dmv



VALIDATED BY DMV ABOVE

NAME

MAILING ADDRESS *(Number and Street, City or Town, State, Zip Code)*

MARKER PLATE NUMBER OR CASE NUMBER

TELEPHONE NUMBER

FEE PAYABLE - \$200.00

Please check that all of the following items have been completed and are enclosed:

- \$200.00 Check or Money Order payable to DMV.
- Signed Consent Agreement.
- Copy of your current Insurance Card or Return Plate Receipt.

To cancel the registration plate # _____ check this box and indicate if the plates were either Lost or Stolen.
(print plate #)

The respondent, without the admission of wrongdoing of any nature, whether criminal or civil, or by commission or omission, does not desire to contest this matter and agrees to waive the right to seek administrative or judicial review of this Consent Agreement and its resulting order.

This Consent Agreement shall have the same force and effect as an order entered after a full hearing and shall be final when executed.

The respondent stipulates that (s)he will maintain continuous insurance coverage for the balance of the registration period. (S)he further understands that, in the event of any further violation, the Department may take any action authorized by law.

By presenting the required evidence of mandatory security and paying such civil penalty (regardless of whether the respondent has signed this Consent Agreement), the respondent acknowledges that (s)he is waiving the opportunity to seek a refund of the civil penalty and contest the determination that (s)he has failed to maintain the mandatory security. Thereafter, all terms and conditions of this Consent Agreement shall apply to the respondent.

Signature Required

Date Signed