CONNECTICUT DEPARTMENT OF MOTOR VEHICLES AFFIDAVIT OF POSSESSION PURSUANT TO C.G.S. §14-149(e)

THIS FORM IS TO BE USED FOR ALL VEHICLES REQUIRING AN ASSIGNED/REASSIGNED VEHICLE IDENTIFICATION NUMBER (VIN)

I the undersigned do swear that I am in lawful possession of the vehicle described herein. Said vehicle has a VIN that is missing, tampered with, obliterated, defaced or changed that was not willfully or intentionally caused by my actions.

OWNER'S NAME														
ADDRESS														
CT LICENSE NUMBER							DEALER L	ICENSE	NUMBER (If ap	oplicable)				
VEHICLE IN QUESTION	YEAR		MAKE						MODEL					
VEHICLE IDENTIFICATION NUMB	ER													
						1								
PREVIOUS OWNER	·		•	•	•			•	•	•		•	•	•
STATE WHERE LAST TITLED				Т	TITLE NUMBER									
PLEASE DESCRIBE IN DETAIL HO	OW YOU CAME INT	O POSSE	ESSION OF	THIS VEH	ICLE									

HOW DID THE VIN BECOME MISSING, TAMPERED WITH, OBLITERATED, DEFACED OR CHANGED?

USE ADDITIONAL PAGES IF NECESSARY COPIES OF ALL OWNERSHIP DOCUMENTS MUST BE ATTACHED

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.

APPLICANT'S SIGNATURE	DATE					
NOTARY PUBLIC OR COMMISSIONER OF SUPERIOR COURT (Printed Name)	COMMISSION EXPIRATION DATE					
NOTARY SIGNATURE	DATE					
	OR					
INSPECTOR	BADGE NUMBER		DATE			

THIS FORM MUST ACCOMPANY DMV FORM H-5 FOR VIN ISSUANCE APPROVAL