

**NO FEE REPLACEMENT AFFIDAVIT**  
E-22 REV. 7-2011

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
On The Web At [ct.gov/dmv](http://ct.gov/dmv)

NAME OF REGISTRANT *(Last, First, Middle Initial)*

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

↑ VALIDATE ABOVE ↑

VESSEL NUMBER

EXPIRATION DATE

I HAVE NOT RECEIVED MY VESSEL REGISTRATION CERTIFICATE IN  
THE MAIL

MY VESSEL REGISTRATION EXPIRATION STICKER WAS LOST,  
STOLEN, OR MUTILATED

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.

SIGNATURE OF REGISTRANT

DATE SIGNED

X