

**REQUEST FOR A DUPLICATE  
MOTOR VEHICLE REGISTRATION**

B-341 REV. 4-2018

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



**INSTRUCTIONS:**

1. Complete this form in its entirety.
2. Make a \$20 check out to "DMV". **DO NOT SEND CASH.**
3. Sign the form at the bottom and mail the form and your check to:  
*Department of Motor Vehicles, Customized Services - Duplicate Registration,  
60 State Street, Wethersfield, Connecticut 06161-5017.*

**VALIDATED ABOVE BY DMV**

**LICENSE PLATE NUMBER OR VEHICLE ID NUMBER**

**NAME(S) ON REGISTRATION**

**ADDRESS ON REGISTRATION**

**MAILING ADDRESS** *(If different)*

**ARE YOU REQUESTING  
THAT DMV CHANGE YOUR  
MAILING ADDRESS?**

**YES**

**NO**

**SIGNATURE OF APPLICANT**

**DATE SIGNED**

**X**