



STATE OF CONNECTICUT

Department of Motor Vehicles
60 State Street, Wethersfield, CT 06161
On the Web at ct.gov/dmv



SUSPENSION OF MOTOR VEHICLE REGISTRATION

Mailing Date:
Plate Number:
VIN:
Year: Make:
Model:



NOTICE:	Effective June 21, 2017 your motor vehicle registration and your registration privileges are suspended.
REASON:	Failure to continuously maintain liability insurance on a registered vehicle. Progressive Casualty Ins Co. cancelled your insurance on February 26, 2017 and the Progressive Direct Ins Co insured your vehicle effective April 13, 2017. This lapse is more than the 14 days allowed by statute.
YOU MUST:	1. Not drive this vehicle after the suspension date. You can not obtain a new or renewal registration for any vehicle. 2. Not drive your vehicle without minimum automobile liability insurance. All registered vehicles require minimum insurance coverage.
YOU MAY:	1. Prove that there was no lapse in insurance by: a. Mailing DMV a letter from your insurance company on its letterhead substantiating continuous coverage including coverage for the reported cancellation period, OR b. Mailing a clear copy of your new insurance company's declaration page or permanent insurance card indicating coverage for the reported cancellation period. OR 2. Contest this action by requesting a hearing prior to the suspension date. Contact Insurance Compliance at (860) 263-5725. The hearing will be limited to two (2) issues: a. Was the vehicle registered to you when the insurance was cancelled? b. Did you continuously maintain insurance throughout the registration period? OR 3. Enter into a consent agreement and pay a \$200.00 Civil Penalty under Connecticut General Statute section 14-12g. a. By Mail - Read, sign, and mail the Consent Agreement form on the back of this notice to the address below no later than ten (10) days before the suspension date. Enclose a check or money order for \$200.00. Do NOT send cash b. On-line - Prior to June 21, 2017, you may enter into a consent agreement and pay the \$200.00 Civil Penalty. To pay over the web, please visit www.ct.gov/dmv. Click on the link for Online Services. Save time and pay online!
WARNING:	You must not drive this vehicle after the suspension date. The police will be notified of this suspension. If you drive this vehicle after the suspension date you will be subject to law enforcement action.
PLEASE NOTE:	For your convenience, consent agreements of \$200.00 can be processed by mail or paid online. Documents and/or correspondence should be addressed to: DEPARTMENT OF MOTOR VEHICLES INSURANCE COMPLIANCE UNIT 60 STATE STREET WETHERSFIELD, CT 06161-4020 Telephone: 860-263-5725

DO NOT SEND CASH

CONSENT AGREEMENT

DO NOT SEND CASH

Check list: ☐ \$200.00 Enclosed ☐ Signed Consent Agreement ☐ Copy of Insurance Card / Declaration Page ☐ Plate Receipt

To Cancel Plate: check this box ☐ and also whether the plates were ☐ lost or ☐ stolen

The respondent, without the admission of wrongdoing of any nature, whether criminal or civil, or by commission or omission, does not desire to contest the matter and agrees to waive the right to seek judicial review of the Consent Agreement and resulting order. Such 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 he/she will maintain continuous insurance coverage for the balance of the registration period.

Respondent's Name: _____

Signature Required _____ Date Signed _____
