MOTOR VEHICLE OWNERSHIP AFFIDAVIT H-115 Rev. 10-2014

STATE OF CONNECTICUT **DEPARTMENT OF MOTOR VEHICLES**



TITLE UNIT

	FULL NAME(S) (First, Middle Initial, Last)						
STATEMENT							
OF	RESIDENT ADDRESS	(Number and Street)	(Ci	ty or Town)	(State)	(Zip Code)	
IDENTITY	REGIDENT ADDREGO	(Number and Sasse)	(0)	y or rown,	(oldio)	(216 0000)	
	YEAR	MAKE			MODEL		
VEHICLE							
DESCRIPTION							
	I (WE) CAME INTO POSSESSION AND OWNERSHIP OF THE ABOVE DESCRIBED VEHICLE AS FOLLOWS (Include name of prior owner, seller, or transferor)						
OWNERSHIP							
STATUS							
	TO THE BEST OF YOUR KN	TO THE BEST OF YOUR KNOWLEDGE, ARE THERE ANY LIENS OR ENCUMBRANCES ON THE ABOVE DESCRIBED VEHICLE?					
	□ NO □ YES (If	"YES", indicate names and a	addresses	below)			
LIEN							
STATUS							
	L(wa) are the levelul owners of the shave described valide L(wa) do not have been been been been as a second						
OATH	I (we) are the lawful owners of the above described vehicle. I (we) do not have knowledge of any liens or encumbrances on the said vehicle, except as indicated above. I (we) understand that the statements made herein to the Commissioner						
	are given under penalty of false statement, in accordance with the provisions of sections 14-110 and 53a-157b of the Connecticut General Statutes, as amended. I (we) further understand that the Commissioner may revoke any certificate						
							AND
ACKNOWLEDG-	(or parties) who has (have) a legal interest in the above described vehicle. I understand that if I make a statement which						
MENT	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.						
	PRINTED NAME(S) OF OWN	NER(S)		SIGNATURE(S) OF OW	/NER(S)	DATE SIGNED	
				X			
	l					I	