

STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES

SAFETY SECURITY SERVICE

ROOM 305 – TITLE UNIT 60 State Street, Wethersfield, CT 06161 http://ct.gov/dmv

STATEMENT OF NON-RECEIPT OF A CONNECTICUT CERTIFICATE OF TITLE

Name		Certificate of Title No
Address		
Ι		hereby certify that on
	(Name)	(Date)
at	//IV office)	I applied for a certificate of title to a motor vehicle,
(DN		, Identification number and,
(Year)	(Make)	
that as of this	s date I have not re	eceived the Certificate of Title.
I further certi	fy that from the d	ate of the application for a Certificate of Title, until the date of this
statement, I h	nave not encumber	red the within described motor vehicle by note, loan, chattel mortgage,
or any other t	type or security pl	edge. Therefore, application is hereby made for a replacement of
the original o	of said title.	
undersigned, and 53a-157b do not believe	under penalty of to of the Connectic	e Commissioner of Motor Vehicles herein is subscribed by me, the false statement, in accordance with the provisions of Section 14-110 ut General Statutes. I understand that if I make a statement, which I the intent to mislead the Commissioner, I will be subject to ted laws.
	(Owner's Sign	nature) ————————————————————————————————————