

TYPE OF REGISTRATION	CLASS CODE	REGISTRATION PLATE NO.	EXPIRATION DATE	CANCELLATION REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
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**K-13 REV. 10-89
LOST OR STOLEN DEALER/REPAIRER PLATE
NOTICE AND SUB-REGISTRATION**

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
DEALERS & REPAIRERS

NAME OF BUSINESS	DEALER/REPAIRER LICENSE NO.
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BUSINESS ADDRESS

REQUEST FOR REGISTRATION REPLACEMENT PLATE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, METHOD OF FEE PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> CHECK
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NOTE: When a complete set of dealers' or repairers' markers have been lost or stolen, a general broadcast is sent out and this set cannot be reordered. The next prefix line is issued.

PLATES ISSUED: _____ PLATES ORDERED: _____

I hereby subscribe and certify, under the penalties of false statement, that my registration plate(s) has/have been LOST or STOLEN, and should the above plate(s) be recovered at a later date I will return the plate(s) to the Department of Motor Vehicles.

SIGNATURE OF OWNER OR OFFICER X	TITLE	DATE SIGNED
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