

**REPLACEMENT PLATE APPLICATION**

E-45 REV. 9-2021

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
 SPECIAL ORDER PLATE UNIT  
 TELEPHONE NUMBER 860-263-5154



**INSTRUCTIONS:**

1. Complete all sections of application
2. Make your check or money order payable to DMV
3. Submit application to:  
 DMV, Special Order Plate Unit, 60 State Street, Wethersfield, CT 06161

On The Web at [ct.gov/dmv](http://ct.gov/dmv)

<p><b>SECTION 1</b> <b>REASON FOR REPLACEMENT AND FEES</b> <i>(Check One)</i></p>	<p><input type="checkbox"/> Remake mutilated plates \$25.00</p> <p><input type="checkbox"/> Remake previously issued plates <i>(within 2 years)</i> \$45.00</p> <p><input type="checkbox"/> Remake lost or stolen plates \$45.00 <i>(you must wait 10 months from date reported to DMV lost or stolen)</i></p> <p><input type="checkbox"/> Remake plates in a new class \$45.00 <i>(example: pass to comb). You must have the vehicle registered in the appropriate class before the requested plates can be remade</i></p>				<p><input type="checkbox"/> Remake mutilated Long Island Sound Plate \$15.00</p> <p><input type="checkbox"/> Remake mutilated Veteran Plate \$15.00</p> <p><input type="checkbox"/> Remake previously issued Long Island Sound/Veteran Plates <i>(within 2 years)</i> \$35.00</p> <p><input type="checkbox"/> Remake lost or stolen Long Island Sound/Veteran Plates \$35.00 <i>(you must wait 10 months from date reported to DMV lost or stolen)</i></p> <p><input type="checkbox"/> Remake Long Island Sound/Veteran Plates in a new class \$35.00 <i>(example: pass to comb). You must have the vehicle registered in the appropriate class before the requested plates can be remade</i></p>			
<p><b>SECTION 2</b> <b>PLATE INFORMATION</b></p>	CLASS CODE	PRESENT MARKER PLATE #	EXPIRATION	MARKER PLATE TO BE MADE <i>(If a Dot is desired, please specify location)</i>				
CHECK OFF CLASS OF MARKER BEING ORDERED								
<input type="checkbox"/> Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Combination <input type="checkbox"/> Camp Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Camper <input type="checkbox"/> Other								
CHECK OFF TYPE OF MARKER BEING ORDERED								
<input type="checkbox"/> Standard <input type="checkbox"/> Long Island Sound <input type="checkbox"/> Special Interest/Organization _____								
<p><b>SECTION 3</b> <b>REGISTRANT INFORMATION</b> <i>(Please print)</i></p>	NAME AS APPEARS ON REGISTRATION <i>(Last, First, Middle Initial)</i>			CT DRIVER LICENSE/ID CARD NUMBER		DAYTIME TELEPHONE NUMBER		
ADDRESS <i>(Number and street)</i>			<i>(City or town)</i>		<i>(Zip Code)</i>			
<p><b>SECTION 4</b> <b>VEHICLE INFORMATION</b></p>	YEAR		MAKE		IS VEHICLE LEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
VEHICLE IDENTIFICATION NUMBER				MODEL				
<p><b>SECTION 5</b> <b>MAIL PLATES TO</b> <i>(If different from address above)</i></p>	NAME <i>(Last, First, Middle Initial)</i>					DAYTIME TELEPHONE NUMBER		
ADDRESS <i>(Number and Street)</i>			<i>(City or Town)</i>		<i>(Zip Code)</i>			