

APPLICATION FOR REPLACEMENT CREDENTIALS
INTERNATIONAL REGISTRATION PLAN
 IRP-5 REV. 9-2003

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
 INTERNATIONAL REGISTRATION PLAN SECTION
 TELEPHONE: (860) 263-5281
 On The Web At <http://dmvct.org>



INSTRUCTIONS:

1. Please print or type in ink.
2. Complete and sign this application and submit with appropriate fees to the address below.

TO: STATE OF CONNECTICUT, DEPARTMENT OF MOTOR VEHICLES, IRP SECTION, 60 STATE STREET, WETHERSFIELD, CT 06161-1010.

ACCOUNT NO.	FLEET NO.	SUPP. NO.	CARRIER NAME
CT			
BUSINESS ADDRESS (No. and Street)		(City or Town)	(State) (Zip Code)

MAILING ADDRESS

REGISTRATION PLATE NO.	UNIT NUMBER	VEHICLE IDENTIFICATION NO. (VIN)

ITEMS TO BE REPLACED (Check one or more)

CAB CARD (\$20.00)
 MARKER PLATE (\$25.00)
 EXPIRATION STICKER (NO FEE)

INDICATE REASON(S) FOR REPLACEMENT:

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I hereby affirm that the above statements are true and accurate		AUTHORIZED SIGNATURE (Applicant) X	DATE
DMV USE ONLY	SUB-REGISTRATION	REPLACEMENT STICKER NO.	COMMENTS