MODIFICATION CERTIFICATION STATEMENT FOR GVWR / SEATING CAPACITY B-317 NEW 2-2000

STATE OF CONNECTICUT **DEPARTMENT OF MOTOR VEHICLES**



On The Web At ct.gov/dmv

OWNER OF VEHICLE						
ADDRESS OF OWNER	(Number and Street)		(City or Town)		(State)	(Zip Code)
MANUFACTURER / ALTER	RER					LICENSE NUMBER
ADDRESS OF MANUFACT	URER / ALTERER (N	lumber and Street)	(City or Town) (State		(State)	(Zip Code)
MAKE			MODEL		YEAR	
VEHICLE IDENTIFICATION	NUMBER (VIN)		SIGNATURE OF OWNER			DATE SIGNED
OLD GVWR	OLD AXLE WEIGHTS GAWR//FRT	GAWR 2nd AXLE	X	AWR 3rd AXLE	GAWR 4th AXLE	GAWR 5th AXLE
NEW GVWR	NEW AXLE WEIGHTS GAWR//FRT	GAWR 2nd AXLE	G	AWR 3rd AXLE	GAWR 4th AXLE	GAWR 5th AXLE
OLD SEATING CAPACITY NEW SEATING CAPACITY		OLD VEHICLE TYPE		NEW VEHICLE TYPE		
to the vehicle listed above	ve, with regard to the Gre	oss Vehicle Weight Ratin	g or Seating Cap	acity are in compliance	with all applicable Federal S	I 10 ref. 53a-157) the modifications made Standards as prescribed under Title 49 of the new GVWR or Seating Capacity.
PRINTED NAME OF FORE	MAN		X			DATE SIGNED