

**REQUEST FOR MARKER PLATES**

K-6 REV. 7-2002

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
 DEALERS AND REPAIRERS SECTION  
 On The Web At <http://dmvct.org>



<b>BUSINESS NAME</b>	<b>LICENSE NUMBER</b>
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**BUSINESS ADDRESS**

<b>NO. FULL TIME EMPLOYEES</b> <small>(Including officers, proprietors)</small>	<b>NO. WRECKERS</b>	<b>NO. DELIVERY TRUCKS</b>	<b>NUMBER REPAIR CUSTOMERS REQUIRING LOANER VEHICLES</b>
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**THIS REQUEST IS FOR:**

Initial set(s) of plates       Additional set(s) of plates

Based on the above information, I hereby request the following number of plates. ➡

	VEHICLE		OWNER OR EMPLOYEE			FULL/ PART TIME	PAY- ROLL (✓)	TITLE IN POSSESSION OF AND ASSIGNED TO DEALERSHIP (Y/N)	REASON FOR LOAN
	YEAR	MAKE	NAME	ADDRESS	OCCUPATION				

**NEW/USED DEALERS COMPLETE THE NEXT TWO ITEMS**

Number of vehicles sold in the past year or number of vehicles to be sold in the coming year <i>(wholesale or retail)</i> ➡	Number of vehicles purchased at other dealers, auctions or buyers on any given day. ➡
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**I declare that the statements made by me in this application, or in any attached document, are true and complete to the best of my knowledge and belief.**

<b>AUTHORIZED SIGNATURE</b> <small>(Owner, Partner, or Officer)</small>  <b>X</b>	<b>TITLE</b>	<b>DATE SIGNED</b>
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**DMV USE ONLY**

<b>TYPE OF MARKER PLATE</b> <input type="checkbox"/> New Car Dealer <input type="checkbox"/> Used Car Dealer <input type="checkbox"/> Dismantler <input type="checkbox"/> Repairer <input type="checkbox"/> Motorcycle <input type="checkbox"/> Special Dealer	<b>GROSS VEHICLE WEIGHT</b> <small>(Only required for Special Dealer)</small>
<b>REGISTRATION NUMBER(S)</b>	<b>FEE</b> \$
<b>TEMPORARY MARKER(S)</b>	<b>NO. PLATES ISSUED</b>
	<b>APPROVAL</b> <small>(Please Initial)</small>
	<b>DATE ISSUED</b>