

**INSURANCE COMPLIANCE
CONSENT AGREEMENT**
SR-37 REV. 9-2005



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
INSURANCE COMPLIANCE
60 STATE STREET
WETHERSFIELD, CONNECTICUT 06161-4020
On The Web At ct.gov/dmv



NAME

MAILING ADDRESS *(Number and Street, City or Town, State, Zip Code)*

MARKER PLATE NUMBER OR CASE NUMBER

TELEPHONE NUMBER

FEE PAYABLE - \$200.00

Please check that all of the following items have been completed and are enclosed:

- \$200.00 Check or Money Order payable to DMV.
- Signed Consent Agreement.
- Copy of your current Insurance Card or Return Plate Receipt.

To cancel the registration plate # _____ check this box and indicate
(print plate #)

whether the plates were either Lost or Stolen.

The respondent, without the admission of wrongdoing of any nature, whether criminal or civil, or by commission or omission, does not desire to contest the matter and agrees to waive the right to seek judicial review of the Consent Agreement and resulting order. Such Consent Agreement shall have the same force and effect as an order entered after a full hearing and shall be final when executed.

The respondent stipulates that he/she will maintain continuous insurance coverage for the balance of the registration period. He/she further understands that, in the event of any further violation, the Department may take any action authorized by law.

Signature Required

Date Signed
