STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

APPLICATION FOR PLATES, STICKERS, DOCUMENTS

VEHICLE ID NUMBER/HULL ID NUMBER	MAKE	VEHICLE LICENSE NUMBER/VESSEL CF NUMBER	SPECIAL EQUIPMENT ID PLATE NUMBER
BIRTHDATE, IF DP PLACARD	**DP PLACARD EQUIPMENT/ID PLATE NUMBER**		**DRIVER LICENSE/ID CARD NUMBER**

☐ Complete appropriate box in **Sections A, B** and **D** if item was lost, stolen, surrendered, not received, or for renewal of a special equipment plate.

☐ Complete **Sections C** and **D** if it is a special license plate release of interest, retention, or reassignment.

Section A
REQUEST

I REQUEST:

☐ **Replacement** ☐ **Duplicate**

☐ License Plate
☐ License Sticker
☐ Registration Card
☐ Disabled Person ID Card
☐ Disabled Person Placard
☐ Vessel Sticker
☐ Vessel Certificate of Number
☐ Special Equipment Plate
☐ Special Equipment Sticker
☐ Special Equipment ID Card

☐ Special Equipment Plate **Renewal**

Section B
PLATES STICKERS DOCUMENTS INFORMATION

ITEM HAS BEEN: ***(CHECK APPROPRIATE BOX)***

☐ Lost ☐ Stolen ☐ Destroyed/Mutilated ☐ Surrendered to DMV
☐ Not Received I have furnished the department with my correct address and will destroy the original item(s) if received.

☐ Reassigned to: Make _____ Vehicle Identification Number _____

Section C
SPECIAL INTEREST LICENSE PLATE INFORMATION

☐ **Release my interest** and make the plates available to another requester.
☐ **Retain my interest**. Enclosed is retention fee.

☐ **Reassign my plates**. Plates were removed from the above described vehicle and placed on:

Make _____ Vehicle Identification Number _____

Which is a ☐ New Vehicle ☐ Used Vehicle ☐ Registered in California located out of state

Whose plates were: ☐ Surrendered to DMV or ☐ destroyed

Complete below ONLY if applicant's name does not appear on vehicle which is registered in the name of a leasing company.

Plate Owner's Full True Name _____

Address _____

Section D
CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct .

DATE	SIGNATURE	PRINTED NAME
	X	

ADDRESS

CITY	STATE ZIP	DAYTIME TELEPHONE NUMBER
		( )

REG 156 (REV. 12/98) **WWW FORM**

eSecret.net Fill in Forms. This Box Does Not print.