

I hereby certify that my plate number

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 for the vehicle listed below was/is:

 Lost
 Stolen
 Damaged
 Seized by Law Enforcement
 Faded

Vehicle Type	Expires (YYYY/MM)	Make	Model	Year
<input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Other				
Serial Number (VIN)				

Owner/Lessee	Vehicle is <input type="checkbox"/> Owned or <input type="checkbox"/> Leased		email		phone		
	Name (Owner/Lessee)			License #			
	Address where you get Mail			Address where you live			
	City:		State	ZIP:		City:	State ZIP
	If name has changed, list previous name(s):						

Co-Owner/Lessor	Name (Co-Owner/Lessor)		License #				
	Address where you get Mail			Address where you live			
	City		State	ZIP		City	State ZIP
	If name has changed, list previous name(s):						

I hereby make application for:
 One
 Two
 replacement registration plate(s).

- If **both** plates are **lost** or **stolen**, a new number **must** be issued.
- If your **single** plate set (i.e. motorcycle, trailer, ATV) is **lost** or **stolen**, a new number **must** be issued.
- If **both** plates are **damaged** or **faded**, a new number will be issued unless you request the same plate number by checking this box:
- If plates were seized by law enforcement, you must complete Petition for Return of Seized Plates (VG-154).

Each plate: \$12.00 (State, Municipal & Volunteer = \$9.00). **Note: If plates are recently expired, or due to expire within the next 30 days, you will also need to submit the appropriate renewal form and fee(s).**

Signature Of Owner/Authorized Agent:	Date:
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This declaration is made under penalties of 23 V.S.A § 202, 203.

FOR DEPARTMENT USE ONLY - DO NOT WRITE IN THE SPACE BELOW:			
<input type="checkbox"/> 232 <input type="checkbox"/> 465 <input type="checkbox"/> 233 <input type="checkbox"/> 490 P <input type="checkbox"/> One Plate <input type="checkbox"/> Two Plates	Old Plate#:		
	New Plate#:		
	Expires:		
Vehicle Type:	Reg. Type:	Rater #:	
Organization Plate Type:		Replacement Plate (07)	
		Total	

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 Lost **Stolen** **Damaged** **Seized by Law Enforcement** **Faded**

Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Other	Expires (YYYY/MM)	Make	Model	Year
Serial Number (VIN)				

Owner/Lessee	Vehicle is <input type="checkbox"/> Owned or <input type="checkbox"/> Leased		email		phone	
	Name (Owner/Lessee)			License #		
	Address where you get Mail			Address where you live		
	City:	State	ZIP:	City:	State	ZIP
If name has changed, list previous name(s):						
Co-Owner/Lessor	Name (Co-Owner/Lessor)			License #		
	Address where you get Mail			Address where you live		
	City	State	ZIP	City	State	ZIP
	If name has changed, list previous name(s):					

 I hereby make application for: **One** **Two** replacement registration plate(s).

- If **both** plates are **lost** or **stolen**, a new number **must** be issued.
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	Expires:		
Vehicle Type:	Reg. Type:	Rater #:	
Organization Plate Type:		Replacement Plate (07)	
		Total	



Replacement Plate Application

DEPARTMENT OF MOTOR VEHICLES
 Agency of Transportation
 dm.v.vermont.gov

120 State Street
 Montpelier, Vermont 05603-0001
 802.828.2000

I hereby certify that my plate number for the vehicle listed below was/is:

- Lost Stolen Damaged Seized by Law Enforcement Faded

Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Other	Expires (YYYY/MM)	Make	Model	Year
Serial Number (VIN)				

Owner/Lessee	Vehicle is <input type="checkbox"/> Owned or <input type="checkbox"/> Leased	email		phone		
	Name (Owner/Lessee)			License #		
	Address where you get Mail			Address where you live		
	City:	State	ZIP:	City:	State	ZIP
If name has changed, list previous name(s):						
Co-Owner/Lessor	Name (Co-Owner/Lessor)			License #		
	Address where you get Mail			Address where you live		
	City	State	ZIP	City	State	ZIP
	If name has changed, list previous name(s):					

I hereby make application for: One Two replacement registration plate(s).

- If **both** plates are **lost** or **stolen**, a new number **must** be issued.
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<input type="checkbox"/> 232 <input type="checkbox"/> 465		Old Plate#:	
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<input type="checkbox"/> One Plate <input type="checkbox"/> Two Plates		Expires:	
Vehicle Type:	Reg. Type:	Rater #:	
Organization Plate Type:		Replacement Plate (07)	
		Total	

YOUR APPLICATION AND FEE FOR A REPLACEMENT NUMBER PLATE AS DESCRIBED ABOVE HAS BEEN RECEIVED. YOU SHOULD RECEIVE THE REPLACEMENT PLATE WITHIN 60 DAYS. AUTHORITY IS HEREBY GRANTED FOR THE OPERATION AND INSPECTION OF YOUR VEHICLE, WITH ONE PLATE ATTACHED TO THE REAR OF YOUR VEHICLE, FOR A PERIOD OF 60 DAYS FROM THE DATE BELOW. CARRY THIS DOCUMENT WITH YOUR REGISTRATION CERTIFICATE. THIS DOCUMENT CAN ONLY BE USED WHILE YOUR REGISTRATION IS VALID.

IF THE ADDRESS ON THIS APPLICATION IS DIFFERENT FROM THE ADDRESS ON DEPARTMENT RECORDS, THIS APPLICATION WILL BE CONSIDERED A NOTICE OF ADDRESS CHANGE AND YOUR ADDRESS WILL BE CHANGED ON ALL OF YOUR DMV RECORDS.