

NO FEE REPLACEMENT AFFIDAVIT
E-22 REV. 7-2006

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
BRANCH OPERATIONS DIVISION
On The Web At ct.gov/dmv

NAME OF REGISTRANT *(Last, First, Middle Initial)*

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

↑ VALIDATE ABOVE ↑

REGISTRATION/VESSEL NUMBER	EXPIRATION DATE	TYPE OF REGISTRATION	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> COMMERCIAL
			<input type="checkbox"/> COMBINATION	<input type="checkbox"/> VESSEL
				<input type="checkbox"/> OTHER <i>(Explain)</i>

I HAVE NOT RECEIVED MY RENEWED REGISTRATION CERTIFICATE AND EXPIRATION STICKER IN THE MAIL

MY REGISTRATION EXPIRATION STICKER WAS LOST, STOLEN, OR MUTILATED

I HAVE NOT RECEIVED MY REGISTRATION MARKER PLATE(S), REGISTRATION CERTIFICATE AND EXPIRATION STICKER IN THE MAIL

I HAVE NOT RECEIVED MY NEW REGISTRATION CERTIFICATE IN THE MAIL

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.

SIGNATURE OF REGISTRANT

DATE SIGNED

X