



Replacement Plate Application

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000
Toll Free: 888-99-VERMONT
TTD: 711

dmv.vermont.gov

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 <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 or phone		
	Name (Owner/Lessee)			License #		
	Mailing Address			Physical Address		
	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:

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:

Use form TA-VP-169 for IRP Plates	↓ Validation 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#:	Vehicle Type:	Expires:	Replacement Plate (07)	
New Plate#:	Reg. Type:			
Organization Plate Type:		Rater #:	Total	

DMV COPY

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Serial Number (VIN)				

Owner/Lessee	Vehicle is <input type="checkbox"/> Owned or <input type="checkbox"/> Leased			Email or phone		
	Name (Owner/Lessee)			License #		
	Mailing Address			Physical Address		
	City:	State	ZIP:	City:	State	ZIP
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PLATE ORDER COPY



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Serial Number (VIN)				

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	Mailing Address				Physical Address	
	City:	State	ZIP:	City:	State	ZIP
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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):					

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.

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CUSTOMER COPY