

APPLICATION FOR REPLACEMENT PLATES, STICKERS, DOCUMENTS

Complete all sections of this form and submit it by mail or to the nearest Department of Motor Vehicles office.

NOTE: There is a fee to replace most items.

DMV USE ONLY			
CA DL/ID NUMBER			
CA DL/ID NUMBER (IF RDF'D)			
OL NUMBER			
NUMBER OF PLATES TAKEN UP			
OFFICE	DATE	ID #	TECHS INITIALS

VEHICLE LICENSE PLATE/CF NUMBER	VEHICLE ID NUMBER/HULL ID NUMBER	MAKE
DISABLED PERSON PLACARD NUMBER	BIRTH DATE, IF DP PLACARD	

SECTION A PRINTED NAME(S) OF REGISTERED OWNER OF RECORD	TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE/ID CARD NUMBER
	TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE/ID CARD NUMBER
	RESIDENCE OR BUSINESS ADDRESS	APT/SPACE NUMBER
	CITY	STATE ZIP CODE
	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT/SPACE NUMBER
	CITY	STATE ZIP CODE

SECTION B PLATES STICKERS DOCUMENTS REQUEST	I am requesting replacement of <i>(Check appropriate box(es))</i> :
	<input type="checkbox"/> License Plates <input type="checkbox"/> Disabled Person Placard <input type="checkbox"/> Disabled Person ID Card <input type="checkbox"/> License Sticker <input type="checkbox"/> Vessel Sticker <input type="checkbox"/> CVRA Weight Decal <input type="checkbox"/> Registration Card <input type="checkbox"/> Vessel Certificate of Number <input type="checkbox"/> CVRA Year Sticker

SECTION C PLATES STICKERS DOCUMENTS INFORMATION	NOTE: If your address is different from that which appears in the records of the department, you must appear in person at the nearest Department of Motor Vehicles office to complete an application for replacement license plates.	
	The item requested was:	
	<i>(Check appropriate box(es))</i>	<i>(Check appropriate box(es))</i>
	<input type="checkbox"/> Lost	<input type="checkbox"/> One license plate was lost or stolen. The remaining plate must be surrendered to DMV.
	<input type="checkbox"/> Stolen	<input type="checkbox"/> Two license plates were lost or stolen. Was it reported to the police or sheriff's department? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Complete the following information.	
	LAW ENFORCEMENT AGENCY	CASE NUMBER
	DATE REPORTED	
	You may be required to provide copy of the police report, if one or two plates were stolen.	
	<input type="checkbox"/> Destroyed/Mutilated	Any remnants (remains) of the mutilated or destroyed plate must be surrendered to DMV.
	<input type="checkbox"/> Surrendered to DMV	Number of plates surrendered <input type="checkbox"/> One <input type="checkbox"/> Two
	<input type="checkbox"/> ELP Retained by Owner	Personalized license plates were retained by the owner.
	<input type="checkbox"/> Not Received	Please allow 30 days before reapplying.
	<input type="checkbox"/> Per CVC 4467	Number of plates surrendered <input type="checkbox"/> One <input type="checkbox"/> Two

SECTION D CERTIFICATION	The registered owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to Vehicle Code Section 1808.21, Code of Civil Procedure Sections 415.21, subdivision (b), 415.30, subdivision (a), and 416.90.	
	<i>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>	
	PRINTED NAME	DAYTIME TELEPHONE NUMBER
	SIGNATURE OF REGISTERED OWNER	DATE