



## APPLICATION FOR REPLACEMENT PLATES, STICKERS, DOCUMENTS

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

**NOTE:** There is a fee to replace most items.

For current fee information, see [www.dmv.ca.gov](http://www.dmv.ca.gov), or call 1-800-777-0133.

DMV USE ONLY	
RESIDENCE/GARAGED COUNTY CODE	
DL/ID NUMBER	<input type="checkbox"/> CA <input type="checkbox"/> O/S _____
DL/ID NUMBER (IF RDF'D)	<input type="checkbox"/> CA <input type="checkbox"/> O/S _____
OL NUMBER	
NUMBER OF PLATES SURRENDERED	TECHS INITIALS
OFFICE DATE ID #	TECHS INITIALS

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

### SECTION A: PRINTED NAME(S) OF REGISTERED OWNER OF RECORD

**NOTE:** If your address is different from that which appears in the records of the department, you must appear in person at a Department of Motor Vehicles office to complete an application for replacement license plates and bring an original or facsimile copy of proof of ownership (e.g., Certificate of Title or, Registration Card, or Registration Renewal Notice), and your Driver License or Identification Card.

TRUE FULL NAME (LAST, FIRST, MIDDLE OR BUSINESS NAME)	DRIVER LICENSE/ID CARD NUMBER
TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE/ID CARD NUMBER
PHYSICAL ADDRESS (INCLUDE ST., AVE., RD., CT., ETC.)	APT./SPACE/STE. # CITY STATE ZIP CODE
COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE/VESSEL IS PRIMARILY GARAGED	
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ABOVE)	APT./SPACE/STE. # CITY STATE ZIP CODE

### SECTION B: PLATES, STICKERS, DOCUMENTS REQUEST — I am requesting replacement of (Check appropriate box(es)):

**NOTE:** For replacement of missing License Plate, License Sticker, or DP Placard, if the original item is later located or received, the original item is no longer valid and must be destroyed or returned to DMV.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> License Plates   | <input type="checkbox"/> Vessel (Boat) Sticker            | <input type="checkbox"/> Disabled Person (DP) Placard | <input type="checkbox"/> CVRA Weight Decal |
| <input type="checkbox"/> Registration Card  | <input type="checkbox"/> Vessel Certificate of Number     | <input type="checkbox"/> Disabled Person (DP) ID Card | <input type="checkbox"/> CVRA Year Sticker |
| <input type="checkbox"/> License Sticker (Month Sticker Also <input type="checkbox"/> ) | <input type="checkbox"/> Planned Non-Operation (PNO) Card | <input type="checkbox"/> Trailer ID Card              |  |

### SECTION C: PLATES, STICKERS, DOCUMENTS INFORMATION — The item requested was (Check appropriate box(es)):

- Lost     Stolen     Unknown     Other - Explain: \_\_\_\_\_
- Not Received from DMV (Allow 30 days from issue date before reapplying)     Not Received from Prior Owner
- Destroyed/Mutilated (Any remnants/remains of the plate(s) must be surrendered to DMV)
- Surrendered to DMV    Number of plates surrendered     One     Two
- Special Plates (Personalized (ELP), Disabled Person (DP), Disabled Veteran (DV)) were Retained by Owner
- New Registration Card with Updated Address for City Parking Permit/Other
- Per CVC 4467 – Copy of a police report, court documentation, or other law enforcement documentation required.

#### Check appropriate box(es) for MISSING LICENSE PLATE applications:

- One license plate is missing (automobiles/two-plate commercial vehicles/pick-ups only). The remaining plate must be surrendered to DMV.
- Two license plates are missing or one license plate is missing for a single-plate commercial tractor truck, motorcycle, or trailer. The registered owner must notify a law enforcement agency (e.g., police or sheriff's dept., CHP, etc.) and complete the following information:

LAW ENFORCEMENT AGENCY	CASE NUMBER	DATE REPORTED
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### 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 certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

PRINTED NAME	DAYTIME TELEPHONE NUMBER (    )
SIGNATURE OF REGISTERED OWNER <b>X</b>	DATE