



APPLICATION FOR REPLACEMENT PLATES, STICKERS, DOCUMENTS

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

Complete all sections of this form and submit to any DMV office or mail to: DMV, P.O. Box 942869, Sacramento, CA 94269-0001

NOTE: There is a fee to replace most items. **If your address has changed**, submit the appropriate Change of Address form.

For current fee information, visit www.dmv.ca.gov, or call 1-800-777-0133.

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

SECTION 1 — REGISTERED OWNER OF RECORD (Please Print)

TRUE FULL NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME	DRIVER LICENSE/ID CARD NUMBER
CO-OWNER TRUE FULL NAME (LAST, FIRST, MIDDLE)	DRIVER LICENSE/ID CARD NUMBER
PHYSICAL RESIDENCE OR BUSINESS 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 2 — PLATES, STICKERS, DOCUMENTS REQUEST — I am requesting replacement of (Check appropriate box(es))

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License Sticker, or Disabled Person Placard, if the original item is later located or received, the original item is no longer valid and must be destroyed or returned to DMV.

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

SECTION 3 — THE ITEM REQUESTED WAS (Check appropriate box(es))

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

SECTION 4 — LICENSE PLATE Complete only if address is different than DMV records (California Vehicle Code (CVC) §4466)

If the license plate(s) were **stolen** or **missing** and **your address is different** from the department's records, then you must appear in person at a DMV office and bring the following items: 1) An original or photocopy of proof of ownership (i.e., Certificate of Title, Registration Card, or Registration Renewal Notice); 2) Your Driver License or Identification Card; 3) If stolen, a copy of the police report stating the license plate(s) were stolen is required; 4) If duplicate license plates have been issued within the last 90 days, a CHP verification of the vehicle identification number (VIN) is required.

Check appropriate box:

- One license plate 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 truck tractor, motorcycle, or trailer. The registered owner must immediately notify a law enforcement agency (e.g., police or sheriff's dept., CHP, etc.).

SECTION 5 — 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 CVC §1808.21, Code of Civil Procedure §§415.21(b), 415.30(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.

PRINT TRUE FULL NAME	TITLE IF SIGNING FOR COMPANY	DAYTIME TELEPHONE NUMBER ()
SIGNATURE OF REGISTERED OWNER X		DATE