AFFIDAVIT FOR CANCELLATION OF REGISTRATION
FOR LOST PLATES

This is to certify that the registrant(s) wish to cancel the registration of the vehicle described below but were unable to return the plate(s) because of the reason stated. If this cancellation request is submitted by mail, then it must be accompanied by a photocopy of the owner’s photo identification.

OWNER INFORMATION
Acceptable identification must be present at time of cancellation.

(1) Owner/Lessee: _________________________ (2) Owner/Lessee: _________________________

Residential Address: ____________________________________________________________________________

VEHICLE INFORMATION

Registration Number: ____________________ Expiration Date: __________________

Year: __________ Make: ____________________ Model: ____________________

Number of Plates Not Returned: _____ State Reason Plate(s) Not Returned: _________________________________

SIGNATURES

I, THE UNDERSIGNED, HEREBY AFFIRM THAT THE ALL STATEMENTS HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

______________________________         ______________________________           __________________
FIRST OWNER/LESSEE SIGNATURE              FIRST OWNER/LESSEE PRINTED NAME               DATE

SECOND OWNER/LESSEE SIGNATURE             SECOND OWNER/LESSEE PRINTED NAME               DATE

If there are two owners, signatures of both owners are required.

INFORMATION OF PERSON PRESENTING THIS AFFIDAVIT (If not vehicle owner)

Name: _________________________________ License Number: _______________ License State: _______

Residential Address: ____________________________________________________________________________

______________________________  __________________
SIGNATURE                                   DATE

ID presented:  □ First Owner/Lessee   □ Second Owner/Lessee   □ Other (see “Information of Person Presenting This Affidavit”)