NEW YORK Department of STATE Motor Vehicles

REQUEST FOR REPLACEMENT INSPECTION STICKER VEHICLE SAFETY & CLEAN AIR 6 Empire State Plaza Albany, NY 12228

INSTRUCTIONS:

- 1. Complete <u>all</u> fields in the "Sticker Information" section. To receive a replacement sticker, all fields must be completed.
- 2. You must briefly explain why you need a replacement sticker in the space provided below. If the reason is because the windshield was replaced, you **must** include a copy of the receipt for the repair from the shop that replaced it.
- 3. Include either:
 - a. A copy of the inspection receipt; OR
 - b. The remains of the original inspection certificate showing the date of expiration, the sticker serial number, and the mileage.
- 4. The fee for a replacement inspection sticker is \$2. Enclose a check or money order payable to "Commissioner of Motor Vehicles". **Do not send cash.**
 - a. Write the license plate number of the vehicle that needs the replacement sticker in the memo section of your check or money order.
 - b. Sign your check or money order.
- 5. Send this form, completed and signed, with your payment and the items described above to:

NYS DMV Bureau of Consumer and Facility Services Issuance Unit P.O. Box 2700 Albany, NY 12220-0700

NOTE: If approved, your replacement sticker will be mailed to the address associated with the vehicle's registration. The inspection sticker is a secure document and must be sent only to the individual who registered the vehicle.

STICKER INFORMATION - All fields must be completed

Registrant's Name (as it appears on the NYS registration)					Daytime Phone No. (Include Area Code)	
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Serial Number of Original Inspection Sticker (if available)			Date of Last Inspection	Odometer Reading at the Time of Last Inspection		
Vehicle Plate Number	Vehicle Year	Vehicle Make	e/Model			
Vehicle Identification Number (VIN)						

Briefly explain why you need a replacement inspection sticker:

CERTIFICATION

I certify that the information I have provided on this form is true and complete to the best of my knowledge. **WARNING:** *Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to criminal prosecution under the Law.*

Signature of registrant	Date (Month/Day/Year)
(Sign name in full) X	
Print name of registrant	