



INSTRUCTIONS:

Use this form to surrender your NYS license plate(s). Provide all requested information.

1. Complete a separate application for each set of plates being surrendered.
2. Mail your application and your plates to the address listed above.
3. There is **no fee** to surrender plates. Please do not include any payment.

License Plate Number: _____

Plate Class:

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(The 3 letter code above the plate number on the registration document. Example: PAS; COM; TRL; MOT)

First 3 of Last Name: _____

(The first three letters of the last name or the company name on the registration document)

OFFICE USE ONLY

<input type="checkbox"/> 1	OR	<input type="checkbox"/> 2
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Upon receipt of your plates, DMV will mail you a receipt and, if applicable, the NYS Comptroller's Office will mail a registration refund check to the **address on your registration**. If your address has changed and you would like these mailed to your **new address**, please provide it below:

New Address: _____

OFFICE USE ONLY
Post Mark Date:

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