



Department of  
Motor Vehicles

## NOTICE OF MISSING OR MUTILATED VEHICLE IDENTIFICATION NUMBER

Month	Day	Year

Registered Owner's Last Name

First

M.I.

Year and Make of Vehicle

Number and Street

Type of Registration

Vehicle Plate Number

City or Town

State

ZIP Code

Expiration Date of Registration

/ /

Mail Completed Form Within 24 Hours To: Department of Motor Vehicles  
Division of Field Investigation, Auto Theft Unit  
6 Empire State Plaza, Room 431  
Albany NY 12228

VS-110 (9/15)

Submitted by: Facility/Inspector #

Reset/clear