



INSTRUCTIONS:

1. Complete **all** 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) () | |
| 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/Model | |

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: <i>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.</i> | |
| Signature of registrant (Sign name in full) X | Date (Month/Day/Year) |
| Print name of registrant | |