

REQUEST TO RETAIN STOLEN PERSONALIZED LICENSE PLATES

Purpose: Use this form to request stolen personalized license plates be reissued.

Instructions: Present the completed form to any DMV Customer Service Center or mail to Virginia DMV, Attn: Special Registration, P.O. Box 25850, Richmond, Virginia 23260.

Note: Customers must keep this form in their vehicle at all times.

OWNER INFORMATION			
OWNER'S FULL LEGAL NAME (last, first, mi, suffix) OR BUSINESS NAME (if business owned)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
NOTE: Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address cannot be a P.O. Box. You must complete Form ISD-01 if you would like your address(es) updated.			
OWNER'S RESIDENCE/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
CO-OWNER'S RESIDENCE/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE

VEHICLE/PLATE INFORMATION				
STOLEN PLATE NUMBER	STATE VA	YEAR	MAKE	MODEL
DATE PLATES WERE STOLEN (mm/dd/yyyy)	WERE POLICE NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VEHICLE IDENTIFICATION NUMBER (VIN)	

I/We request to retain the stolen personalized license plate message provided below for use on my/our vehicle and understand the following risks:

1. Another vehicle may display the stolen plates, which could result in my/our receipt of citations in the mail for certain offenses, such as toll, red light camera, and parking violations; and
2. If the license plates were reported stolen to law enforcement, I/we may be subject to repeated traffic stops, during which law enforcement officers will follow their agency's established procedures.

Reissue Personalized Plates

(Print your personalized character combination as it appears on your current license plates) →

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INSURANCE CERTIFICATION
I/We certify that (check one):
<input type="checkbox"/> This vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement.
<input type="checkbox"/> This vehicle is not insured; therefore, I am remitting the applicable uninsured motor vehicle fee. (This fee provides no insurance coverage.) A vehicle must be insured with liability coverage when it is registered, and it must remain insured while registered, whether or not it is operated, or the uninsured motor vehicle fee must be paid. Penalties are severe for violation of this requirement.

CERTIFICATION/SIGNATURES		
I/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.		
APPLICANT/AUTHORIZED CORPORATION/COMPANY REPRESENTATIVE SIGNATURE	DAYTIME TELEPHONE NUMBER	DATE (mm/dd/yyyy)
CO-APPLICANT SIGNATURE	DAYTIME TELEPHONE NUMBER	DATE (mm/dd/yyyy)

DMV USE ONLY
CSR STAMP