DMV USE	REGISTRATION PLATE NUMBER	CLASS CODE	APPROVED BY
ONLY		71	

TRANSPORTER'S REGISTRATION APPLICATION SUPPLEMENT

E-211 REV. 7-2002

STATE OF CONNECTICUT

DEPARTMENT OF MOTOR VEHICLES

DEALERS AND REPAIRERS DIVISION TELEPHONE: (860) 263-5056 or 1056 ON THE WEB AT ct.gov/dmv



Please type or print clearly.

NAME OF APPLICANT (Business Name)	NAME OF CONTACT PERSON				
ADDRESS OF BUSINESS (Number and Street)	(City or Town)	(State)	(Zip Code)		
TVDE OF DUGUEDO					
TYPE OF BUSINESS	DENTIFICATION NUMBER TEL if applicable)	EPHONE NUMBER			
	,	,			
ANNUAL ANTICIPATED FREQUENCY OF USE OF THE TRANSPORTER'S REGISTRATION		SAL	ES TAX NUMBER		
LIST TRANSPORTER'S REGISTRATION PLATES OF ALL OTHER CURRENT TRANSPORTER'S	REGISTRATIONS IN APP	LICANT'S NAME			
LIST TYPE(S) OF VEHICLES FOR WHICH TRANSPORTER'S REGISTRATION WILL BE USED					
INTENDED USE BY THE REGISTRANT OF THE PLATE FOR PERIODIC USE ON MOTOR VEHICLE	LES OWNED BY, OR IN T	HE LEGAL CUSTODY OF, THE RE	GISTRANT.		
CED	TIFICATION				
CER	TIFICATION				
I DECLARE, UNDER PENALTY OF LAW, THAT I WILL USE THE TRANSPORTER'S REGISTRATION ONLY FOR THE USE(S) CHECKED ABOVE, THAT I WILL SUBMIT A NEW APPLICATION SUPPLEMENT FOR ANY CHANGE IN THE USE(S) OF THE TRANSPORTER'S REGISTRATION, AND THAT I HAVE READ AND WILL COMPLY WITH (DURING THIS AND ALL SUBSEQUENT REGISTRATION PERIODS) THE PROVISIONS OF SECTION 14-35 OF THE CONNECTICUT GENERAL STATUTES AND THE ASSOCIATED REGULATIONS PRINTED ON THE REVERSE SIDE OF THIS FORM. ANY USAGE THAT IS NOT IN ACCORD WITH THE STATED USE MAY SUBJECT THE TRANSPORTER REGISTRATION TO REVOCATION.					
PRINTED NAME OF INDIVIDUAL SIGNING THIS FORM	POSITION WIT	H THE BUSINESS			
AUTHORIZED SIGNATURE			DATE SIGNED		
X					