AE-81 Rev. 12-2016

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES

EMISSIONS DIVISION ROOM 103 60 STATE STREET WETHERSFIELD, CT 06161-5510 (860) 263-5333 or (860) 263-5611

INSTRUCTIONS:

Please fill out all sections completely. The vehicle identification authority section, must be completed and signed by an out-of-state law enforcement agency authority.

		MOTORIST I	NFORMATION	
NAME				PHONE NUMBER (Include area code)
ADDRESS				
CELL PHONE NUMBER (Include area code)			EMAIL ADDRESS (Optional)	
		OWNER INFORMAT	ION (IF DIFFERENT)	
NAME			,	PHONE NUMBER (Include area code)
ADDRESS				
CELL PHONE NUMBER (Include area code)			EMAIL ADDRESS (Optional)	
		VEHICLE IN	IFORMATION	
MAKE	MODEL		YEAR	PLATE NUMBER
VEHICLE IDENTIFICATION NUM	BER			l .
	VEHICLE IDEN	TIFICATION AUTHOR	ITY (MUST BE LAW ENFO	DRCEMENT)
LOCAL POLICE	STATE POLICE	CAMPUS POLICE	MILITARY AUTHORITY	MOTOR VEHICLE AUTHORITY
DEPARTMENT NAME				PHONE NUMBER (Include area code)
ADDRESS				
AUTHORIZED NAME AND RANK	<			BADGE NUMBER
AUTHORIZED SIGNATURE				