STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

APPLICATION FOR REPLACEMENT PLATES, STICKERS, DOCUMENTS

DMV USE ONLY	
DL/ID/OL NUMBER	☐ CA ☐ O/S _____
DL/ID NUMBER *(IF PRIOR RDF)*	☐ CA ☐ O/S _____
NUMBER OF PLATES SURRENDERED	TECHS INITIALS
OFFICE DATE ID #	

Complete all sections of this form and submit to any DMV office or mail to:
DMV, P.O. Box 942869, Sacramento, CA 94269-0001

NOTE: There is a fee to replace most items. If your address has changed, submit the appropriate Change of Address form.

For current fee information, visit ***dmv.ca.gov***, or call 1-800-777-0133.

VEHICLE LICENSE PLATE/CF NUMBER	MAKE	VEHICLE ID NUMBER/HULL ID NUMBER
DISABLED PERSON PLACARD NUMBER	BIRTH DATE, IF DP PLACARD	ENGINE NUMBER *(MOTORCYCLES ONLY)*

SECTION 1 — REGISTERED OWNER OF RECORD *(Please Print)*

TRUE FULL NAME *(LAST, FIRST, MIDDLE)* OR BUSINESS NAME — DRIVER LICENSE/ID CARD NUMBER

CO-OWNER TRUE FULL NAME *(LAST, FIRST, MIDDLE)* — DRIVER LICENSE/ID CARD NUMBER

PHYSICAL RESIDENCE OR BUSINESS ADDRESS *(INCLUDE ST., AVE., RD., CT., ETC.)* APT./SPACE/STE. # CITY STATE ZIP CODE

COUNTY OF RESIDENCE OR COUNTY WHERE VEHICLE/VESSEL IS PRIMARILY GARAGED

MAILING ADDRESS *(IF DIFFERENT FROM PHYSICAL ABOVE)* APT./SPACE/STE. # CITY STATE ZIP CODE

SECTION 2 — PLATES, STICKERS, DOCUMENTS REQUEST — *I am requesting replacement of (Check appropriate box(es))*

NOTE: For replacement of missing License Plate, License Sticker, or Disabled Person Placard, if the original item is later located or received, the original item is no longer valid and must be destroyed or returned to DMV.

- ☐ License Plates
- ☐ Registration Card
- ☐ Year ☐ Month Sticker
- ☐ Vessel (Boat) Year Sticker
- ☐ Vessel Certificate of Number
- ☐ Vessel Mussel Fee Sticker
- ☐ Disabled Person Placard
- ☐ Disabled Person ID Card
- ☐ Planned Non-Operation (PNO) Card
- ☐ PFR Sticker
- ☐ CVRA Weight Decal
- ☐ CVRA Year Sticker
- ☐ Trailer or OHV ID Card

SECTION 3 — THE ITEM REQUESTED WAS *(Check appropriate box(es))*

☐ Lost ☐ Stolen ☐ Destroyed/Mutilated *(remnants/remains of the plate(s) must be surrendered to DMV)*

☐ Not Received from DMV *(Allow 30 days from issue date before reapplying)* ☐ Not Received from Prior Owner

☐ Surrendered — Number of plates surrendered to DMV ☐ One ☐ Two

☐ Special Plates were Retained by Owner *(Personalized, Disabled Person, Disabled Veteran)*

☐ Requesting Registration Card with Current Address

☐ Per CVC §4467 – Copy of a police report, court documentation, or other law enforcement documentation required.

☐ Other – Explain:

SECTION 4 — LICENSE PLATE *Complete only if address is different than DMV records (California Vehicle Code (CVC) §4466)*

If the license plate(s) were **stolen** or **missing** and **your address is different** from the department's records, then you must appear in person at a DMV office and bring the following items: 1) An original or photocopy of proof of ownership (i.e., Certificate of Title, Registration Card, or Registration Renewal Notice); 2) Your Driver License or Identification Card; 3) If stolen, a copy of the police report stating the license plate(s) were stolen is required; 4) If duplicate license plates have been issued within the last 90 days, a CHP verification of the vehicle identification number (VIN) is required.

Check appropriate box:

☐ One license plate missing (automobiles/two-plate commercial vehicles/pick-ups only). The remaining plate must be surrendered to DMV.

☐ Two license plates are missing or one license plate is missing for a single-plate commercial truck tractor, motorcycle, or trailer. The registered owner must immediately notify a law enforcement agency (e.g., police or sheriff's dept., CHP, etc.).

SECTION 5 — CERTIFICATION

The registered owner mailing address is valid, existing, and an accurate mailing address. I consent to receive service of process at this mailing address pursuant to CVC §1808.21, Code of Civil Procedure §§415.21(b), 415.30(a), and 416.90.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINT TRUE FULL NAME	TITLE IF SIGNING FOR COMPANY	TELEPHONE NUMBER
		( )

SIGNATURE OF **REGISTERED OWNER**	DATE	EMAIL ADDRESS
X		

REG 156 (REV. 11/2024) **WWW**

Print Clear Form

PRIVACY NOTICE ON COLLECTION

- DMV collection of personal information is governed by: *California Information Practices Act*, *Civil Code* §1798 et seq; *Government Code* (GC) §11015.5; *California Public Records Act* GC §6250 et seq.; *California Vehicle Code* §1808; *Driver's Privacy Protection Act* (18 *United States Code* §§2721-2725).
- The information collected may be shared with authorized service providers, state, federal, and/or local government agencies, law enforcement, and commercial entities as authorized by law.
- DMV uses this information to process applications for replacement plates, stickers, and documents.
- All information on this form is mandatory.
- Failure to provide mandatory information may result in rejection of application for replacement plates, stickers, and documents.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information.
- Questions about this form should be directed to DMV's Customer Service at 1-800-777-0133.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 First Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340.