

OUT-OF-STATE VIN VERIFICATION FORM
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 INFORMATION			
NAME		PHONE NUMBER (Include area code)	
ADDRESS			
CELL PHONE NUMBER (Include area code)		EMAIL ADDRESS (Optional)	
OWNER INFORMATION (IF DIFFERENT)			
NAME		PHONE NUMBER (Include area code)	
ADDRESS			
CELL PHONE NUMBER (Include area code)		EMAIL ADDRESS (Optional)	
VEHICLE INFORMATION			
MAKE	MODEL	YEAR	PLATE NUMBER
VEHICLE IDENTIFICATION NUMBER			
VEHICLE IDENTIFICATION AUTHORITY (MUST BE LAW ENFORCEMENT)			
<input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> STATE POLICE <input type="checkbox"/> CAMPUS POLICE <input type="checkbox"/> MILITARY AUTHORITY <input type="checkbox"/> MOTOR VEHICLE AUTHORITY			
DEPARTMENT NAME		PHONE NUMBER (Include area code)	
ADDRESS			
AUTHORIZED NAME AND RANK		BADGE NUMBER	
AUTHORIZED SIGNATURE		DATE EXAMINED	