



STATE OF CONNECTICUT DMV/DEALER FORMS REQUISITION

STATE OF CONNECTICUT CONTRACT #14PSX0211

S H I P T O	Contact: _____	Tel.#: _____
	Name: _____	E-mail: _____
	Address: _____	Special Instructions: _____
	_____	_____
	Date Ordered: _____	_____

Yes, I would like to speak with someone to learn more about marketing, printing and promotional services offered by Vanguard.

FORM #	FORM NAME	QTY PER PACK/CTN	TOTAL QUANTITY
B58	CHANGE/ADDRESS LICENSE-REGISTRATION	100	
B148-2	APPLICATION FOR VESSEL REGISTRATION	100	
B159	CHANGE OF ADDRESS STICKER	500	
B269	INSPECTION REPORT	100	
B301	REGISTRATION AFFIDAVIT	100	
B312	PUBLIC SERVICE VEHICLE INSPECTION REPT	100	
F82	1 YR REFUND ON 2 YR PASSENGER REGISTRATN	100	
H6B	APPLIC FOR DUPLICATE CERTIFICATE OF TITLE	100	
H12	ASSIGNMENT & AUTHORIZATION FOR PAYOFF	100	
H13	OFFICIAL REGISTRATION/MV	100	
H100	NOTICE/INTENT TO SELL - ARTIFICER'S LIEN	100	
H108	STOLEN VEHICLE REPORT	100	
H109	MUNICIPALITY REPT OF ABANDONED M/V	100	
H110	ABANDONED MOTOR VEHICLE SALE NOTIFICATION	100	
H114	M V NOTICE OF TOW	100	
H117	CT SECURE POWER OF ATTORNEY FOR VEH MIL.	100	
K174	RECEIVED JUNK VEHICLES REPORT	100	
K201	ONLINE DEALER TRANSMITTAL SHEET	100	
Q1	BILL OF SALE	100	
R229A	APPLICATION FOR COMMERCIAL DRIVERS LIC	100	
R296	COMMERCIAL ROAD TEST EVALUATION	100	
R297	COMMERCIAL PRE-TRIP EVALUATION REPORT	100	
R335	NOC - PASSING A STANDING SCHOOL BUS	100	
B328	MEDICAL EXAMINER'S CERTIFICATE	100	
R323	EXAM/DETERMINE PHYSICAL COND OF DRIVER	100	
OTHER			
OTHER			



716 Brook Street, Suite 124, Rocky Hill, CT 06067

Tel: (860) 563-1054, x104 **Fax: (860) 563-1076**

Email to: dmvreq@hellovanguard.com

www.hellovanguard.com

Signature

Print Name

P.O.#

NOTE: Must order in pack/ctn quantity. We cannot break open packs/cartons. The maximum order quantity is two packs per item per release.