



THIS FORM IS FOR NYVIP3 PRINT ON DEMAND STICKER STOCK **RETURNS ONLY**

Seven (7) Digit DMV Facility N	umber:			
nspection Station Name:				
nspection Station Address:				
Name of Contact Person:		 Please Print		
Contact Phone Number:				
Reason for Return (mark with	<u>X):</u> () Not	Used () Out of Business	s [] Wrong Type [Other
Reason for Return (mark with STICKER TYPE (Interior/Exterior)	<u>X):</u> () Not	Used () Out of Business BEGINNING NUMBER	ENDING NUMBER	Other TOTAL # UNUSED STICKERS
STICKER TYPE		BEGINNING	ENDING	TOTAL # UNUSED
STICKER TYPE		BEGINNING	ENDING	TOTAL # UNUSED
STICKER TYPE		BEGINNING	ENDING	TOTAL # UNUSED
STICKER TYPE		BEGINNING	ENDING	TOTAL # UNUSED
		BEGINNING	ENDING	TOTAL # UNUSED

IMPORTANT

All Damaged and Voided Stock needs to be retained at the facility for DMV Review

7 Kripes Road East Granby, CT 06026 Attn: Sticker Fulfillment