



**NEW YORK STATE DEPARTMENT OF MOTOR VEHICLES  
VEHICLE THEFT PREVENTION PROGRAM  
COMBAT AUTO THEFT (C.A.T.)**



To be completed by registrant. *(Please print)*

Last Name					First					MI
Mailing Address (Street & Number)										
City				State			Zip, code			
Home Phone No.			Business Phone No.				Plate Number			
State of Registration		Year of Vehicle		Make		Model		Body Type		
Color			Vehicle Identification Number (VIN)							

**CONSENT:** *To be signed in the presence of a police officer of a participating agency.*

I give permission to police officers to stop the vehicle described above if they see it being driven between 1:00 A.M. and 5:00 A.M. -

I understand that the police may stop the vehicle using precautions generally taken when approaching a possible stolen vehicle. The investigation may involve detaining the vehicle.

I agree to completely remove the decal if I no longer wish to participate in this program. I will also remove the decal before sale, transfer or disposal of my vehicle.

The police agency has explained this program to me including advantages and disadvantages.

I consent to participate in the auto theft prevention program and to abide by its procedures.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**The Auto Theft Prevention decal should be affixed by the police officer  
in the lower left corner (driver's side) of the vehicle's rear window.  
If the locality chooses to use a second decal, It must be  
placed on the left rear passenger window.**

**FOR OFFICE USE ONLY**

Jurisdiction (Town, Village, City or County)		Agency		S <sup>n</sup> Number of Decal Issued	
Officer's Name (Please Print)			Officer's		

