



## APPLICATION TO REPLACE AN APPORTIONED LICENSE PLATE AND/OR CAB CARD

<b>FEE:</b>	<b>Replacement Plate</b> (By Mail \$36.00)	<b>Replacement Cab Card</b> (By Mail \$3.25)	<b>DOT# Correction</b> (By Mail \$3.25)
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This application must be signed by the registrant (IRP account holder) or an officer of the registrant's company; however, the replacement credentials may be released to the registrant's authorized agent (with power of attorney). If mailed, credentials will be sent to the mailing address on file for the IRP account. See reverse side for additional information.

<b>PRINT REGISTRANT NAME:</b>					
<b>IRP ACCOUNT #:</b>		<b>FLEET #:</b>		<b>DOT #:</b>	
Vehicle Identification Number:		Year	Make	Body	
Title Number		Plate Number	Unit Number	Weight	

**REPLACEMENT REASON:** (Check applicable box):

- |   |  |
|---|--|
| <input type="checkbox"/> Damaged/Defaced (must return plate; enclose payment) | <input type="checkbox"/> Lost-in-transit (see reverse side for instructions; no fee) |
| <input type="checkbox"/> Defective Plate (must return plate; no fee)          | <input type="checkbox"/> Stolen Plate (must submit copy of policy report; no fee)    |
| <input type="checkbox"/> Lost Plate (enclose payment)                         | <input type="checkbox"/> Cab Card Replacement (enclose payment)                      |

**US DOT NUMBER CORRECTION**

Enclose payment and, if your lease arrangements have changed, you must also enclose a copy of the new lease agreement with proof of new insurance coverage (if applicable).

New US DOT# assigned to vehicle	FEIN/Taxpayer Identification Number associated with new US DOT#
Will designated carrier responsible for safety change again during this registration year? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

<b>Signature:</b>	<input type="checkbox"/> Registrant <input type="checkbox"/> Company Officer (SUNBIZ REGISTRATION REQUIRED)	<b>Date</b>
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FOR OFFICIAL USE ONLY (WALK IN COUNTER)

PRESENTED TO (PRINT NAME): \_\_\_\_\_ PLATE #(S): \_\_\_\_\_

SIGNATURE OF RECIPIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Recipient is:     Registrant     Authorized Agent (P.O.A. Required)     Company Officer (SUNBIZ REGISTRATION REQUIRED)

Commercial Vehicle and Driver Services    2900 Apalachee Parkway MS 62    Tallahassee, FL 32399-0625    Phone: 850-617-3711

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