



FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motorist Services
Bureau of Commercial Vehicle and Driver Services

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

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). Applications may be mailed to the address on the reverse side of this form or emailed to MCSServiceCompanyInq@flhsmv.gov. Replacement credentials will be sent to the mailing address on file for the IRP account. See reverse side for additional information. The total cost to replace credentials includes current mailing fees. After this application is processed, a bill will be mailed or emailed to the registrant or the registrant's authorized agent, as requested.

PRINT REGISTRANT NAME: _____

IRP ACCOUNT #: _____ FLEET #: _____ DOT #: _____

Vehicle Identification Number Year Make Body
Title Number Plate Number Unit Number Weight

- REPLACEMENT CAB CARD (only)
REPLACEMENT PLATE (Check Applicable Box for Replacement Reason):
Damaged/Defaced (must return plate; enclose payment)
Defective Plate (must return plate; no fee)
Lost Plate (enclose payment)
Lost-in-transit (see reverse side for instructions; no fee)
Stolen Plate (must submit copy of policy report; no fee)
Cab Card Replacement (enclose payment)

US DOT NUMBER CORRECTION
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 #

Is the designated carrier responsible for safety expected to change again this registration year? YES NO

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

Print Name: _____ Registrant Company Officer (SUNBIZ REGISTRATION REQUIRED)

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY (WALK IN COUNTER)

PRESENTED TO (PRINT NAME): _____ PLATE #(S): _____

SIGNATURE OF RECIPIENT: _____ DATE: _____

Recipient is: Registrant Authorized Agent (POA Required) Company Officer (SUNBIZ REGISTRATION REQUIRED)

ADDITIONAL INFORMATION

PROVISIONS OF LAW

Section 320.0607, Florida Statutes, provides for the replacement of license plates when the original plate has been damaged, defaced, lost, stolen, destroyed, or lost in the mail. The Bureau of Commercial Vehicle and Driver Services (BCVDS) processes requests for replacement of an apportioned plate or cab card by mail, email or in person. Applications must be submitted directly to BCVDS, if eligible for replacement at no charge or if original credentials were lost in the mail. Otherwise, applications may also be submitted and processed in person at any state authorized license plate agency (subject to additional fee).

APPLICATION REQUIREMENTS

The application for the replacement of apportioned plates or cab cards (Form 85100) must be legible and completed in detail. The registrant or an officer of the registrant's company is accountable for the truthfulness of the information and must sign the form. However, an authorized agent may submit the application and accept the replacement credentials on behalf of the registrant.

REPLACEMENT TYPES

DAMAGED/DEFACED:

A damaged license plate is when the license plate has sustained physical damage. **EXAMPLE:** Something struck the license plate and dented the letters or numbers, customer pressure-washed the letters off of the license plate, etc. [s. 320.0607(1) and (3), F.S.]

A defaced license plate is when the license plate has not sustained physical damage but is unreadable for some other reason. **EXAMPLE:** The sun has faded the letters or numbers on the license plate. [s. 320.0607(1) and (3), F.S.]

Payment of the replacement fee is required, unless law enforcement has issued a citation for the damaged or defaced license plate. The owner must surrender (return) the license plate and, to obtain a replacement at no cost, also submit a copy of the citation.

DEFECTIVE:

If the license plate that was issued to the registrant contains a defect that impairs legibility or the ability to display properly, it will be replaced at no charge. However, the registrant must surrender (return) the defective license plate.

All damaged, defective, or defaced license plates must be returned for cancellation.

LOST (not stolen)

If the registrant cannot account for the missing plate and/or cab card, and there is no police report of theft, the credential is considered lost. Payment of the replacement fee is required. [s. 320.0607(2) and (3), F.S.]

LOST-IN-TRANSIT

If the registrant has not received the apportioned license plate and/or cab card after 15 calendar days have passed since the credentials were mailed by BCVDS, replacement of the plate and/or cab card will be processed by the BCVDS at no charge, if submitted within 180 days from the date the credentials were originally issued. **This transaction must be coordinated directly with BCVDS before submitting the application (Form 85100). Call 850-617-3711 for instructions.** [s. 320.0607(4), F.S.]

STOLEN

Applications for the replacement of apportioned license plates or cab cards that have been stolen will be processed by BCVDS at no charge when accompanied by a copy of the police report issued by the law enforcement agency to which the theft was reported. If the theft is not reported or no case number is assigned, payment of the replacement fee is required. [s. 320.0607(2), F.S.]

U.S. DOT NUMBER CORRECTION

A DOT Number Correction is required if the motor carrier responsible for the safety of the vehicle changes. Both the USDOT# and FEIN assigned to the vehicle must be updated on the IRP account. If the new carrier responsible for vehicle safety is different from the registrant, a copy of the current (signed) lease agreement and proof of insurance (insurance card is not acceptable) must also be submitted. The registrant will be issued updated cab card(s) upon payment of the applicable fee.

SUBMITTING THE REPLACEMENT APPLICATION BY MAIL

Send the completed Form 85101 and any required supporting documents to BCVDS at 2900 Apalachee Parkway, Mail Stop 62, Tallahassee, FL 32399.