



## Application to Replace Decals

This application must be signed by the licensee (IFTA account holder) or an officer of the licensee's company. However, the replacement credentials may be released to the licensee's authorized agent (with power of attorney). If the replacement decals are to be mailed, the Bureau of Commercial Vehicle and Driver Services (BCVDS) will mail them to the mailing address on file for the IFTA account. Please ensure this mailing address is up to date.

PRINT LICENSEE NAME: \_\_\_\_\_

IFTA ACCOUNT #: \_\_\_\_\_

LICENSE YEAR OF DECALS BEING REPLACED: \_\_\_\_\_

NUMBER OF DECAL SETS BEING REPLACED: \_\_\_\_\_

REPLACEMENT REASON: (Check applicable box below):

\_\_\_\_ **Lost in Transit** - Applies only if decals have not arrived **after 14 calendar days** have passed from the day BCVDS mailed them. Contact BCVDS to verify when credentials were mailed. To waive replacement fee, this application must be submitted within 42 days of the day BCVDS mailed credentials.

\_\_\_\_ **Stolen** - This applies only if the theft was reported. To waive replacement fee, a copy of the policy report from the law enforcement agency must be attached to this form.

\_\_\_\_ **Lost** - A written explanation and payment for the replacement decals must be attached to this form.

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

SIGNATURE OF LICENSEE: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ Licensee ☐ Company Ocer (SUNBIZ REGISTRATION REQUIRED)

### FOR OFFICIAL USE ONLY (WALK IN COUNTER)

PRESENTED TO (PRINT NAME): \_\_\_\_\_ NUMBER OF DECAL SETS: \_\_\_\_\_

Serial Numbers of Replacement Decals Issued: \_\_\_\_\_

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

Recipient is: ☐ Licensee ☐ Authorized Agent (P.O.A. Required) ☐ Company Ocer (SUNBIZ REGISTRATION REQUIRED)

12-19-2017

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