Division of Motorist Services
Bureau of Commercial Vehicle and Driver Services

APPLICATION TO REPLACE APPORTIONED PLATE, CAB CARD, AND/OR CORRECT USDOT NUMBER

(Not to be signed by Agents or Powers of Attorney)

Only the registrant (IRP account holder) or an officer of the registrant's company may sign this form; however, the replacement credentials may be released to the registrant's authorized agent (with power of attorney). See reverse side of this form for additional information and mailing address. The application may be emailed to CVDSSubmit@flhsmv.gov. After processing, a bill for total plate replacement costs (including any applicable mailing fees) will be sent to registrant or registrant's authorized agent, as requested. Replacement plates with cab cards are mailed to address on file. Replacements of cab card only will be sent to email address given on this form at no charge. Mailing fee applies if hard copy is requested by mail.

PRINT REGISTRANT NAME: _____

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

Vehicle Identification Number	Year	Make	Body

Title Number	Plate Number	Unit Number	Weight

☐ **REPLACEMENT CAB CARD** (only) **Send to (email address):** _____

☐ **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 Only (will be sent to email on this application . Mail fee applies to any mailed copies.

☐ **US DOT NUMBER CORRECTION** (Updated cab card will be sent to email address provided above)
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 ☐ Company Officer (SUNBIZ REGISTRATION REQUIRED) ☐ Authorized Agent (POA 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.

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 85100 and any required supporting documents to BCVDS at 2900 Apalachee Parkway, Mail Stop 62, Tallahassee, FL 32399.