

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0620

**APPLICATION FOR REPLACEMENT LICENSE PLATE, VALIDATION DECAL
OR PARKING PLACARD**
(Instructions on Reverse Side)

1 REPLACEMENT TYPE

Check applicable box below:

- License Plate
- Decal
- License Plate and Decal
- Disabled Person Long-Term Parking Placard
- Disabled Person Temporary Parking Placard

REPLACEMENT REASON

Check applicable box below:

- Voluntary
- Lost in Transit
- Stolen
- Surrendered/Seized
- Defaced/Damaged
- Lost

Please contact your Local County Tax Collector's Office or License Plate Agency for fee information.

2 OWNER / APPLICANT IDENTIFICATION

Owner's Name

Owner's Sex
(For company, show "C" for sex)

Date of Birth
(Or Month of Expiration)

Street Address

City

State

Zip

Lessee's Name

Lessee's Sex
(For company, show "C" for sex)

Date of Birth
(Or Month of Expiration)

Street Address

City

State

Zip

1st Owner D/L Number

2nd Owner D/L Number

3 VEHICLE INFORMATION

Vehicle Identification Number

Year

Make

Title Number

Previous License Plate Number

Previous Decal Number

Previous Parking Placard Number

4 ATTESTMENT

(CHECK WHEN APPLICABLE)

License Plate Decal Parking Placard was reported stolen to the Police Department or Sheriff's Office

I hereby certify under the penalty of perjury that the previous license plate(s), decal(s) and/or placard (s) listed in Section 3 is/are no longer in my possession for the reason checked in Section 1. All information herein is true and correct to the best of my knowledge.

Owner/Applicant's Signature

Date

License Plate, Decal, Parking Placard Number

surrendered to tax collector

County

Agency

Signature of Agency Personnel

Date