

## APPLICATION FOR REPLACEMENT CREDENTIALS

Name of Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Carrier Account Number \_\_\_\_\_ Fleet Number \_\_\_\_\_

**Trailer Unit**

**Power Unit**

UNIT#	YEAR & MAKE	VIN	CGW	PLATE
_____	_____	_____	_____	_____

Signature \_\_\_\_\_

Title \_\_\_\_\_

Please check one of the following boxes:

- |                          |   |         |
|--------------------------|---|---------|
| <input type="checkbox"/> | LOST POWER PLATE<br><small>(When <i>original</i> cab card is returned)</small>                | \$8.80  |
| <input type="checkbox"/> | LOST POWER CAB CARD & PLATE   | \$9.80  |
| <input type="checkbox"/> | LOST TRAILER PLATE<br><small>(When <i>original</i> cab card is returned)</small>              | \$9.30  |
| <input type="checkbox"/> | LOST TRAILER CAB CARD & PLATE   | \$10.30 |
| <input type="checkbox"/> | LOST CAB CARD ONLY  | \$1.00  |
| <input type="checkbox"/> | CORRECTED CAB CARD (Unit # _____)<br>Please indicate correction to be made on cab card below: | \$1.00  |
|                          | <input type="checkbox"/> New DOT# _____ FTIN# _____   |         |
|                          | <input type="checkbox"/> Other _____  |         |

**If plates are to be mailed, please include \$1.00 per plate. Make checks payable to Nebraska Department of Motor Vehicles.**

Motor Carrier Services P O Box 94729 Lincoln, NE 68509-4729, 402-471-4435