

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:

- LOST POWER CAB CARD & PLATE \$10.60
 - LOST TRAILER CAB CARD & PLATE \$11.10
 - LOST CAB CARD ONLY \$1.00
 - CORRECTED CAB CARD (Unit # _____) \$1.00
- Please indicate correction to be made on cab card below:
- New DOT# _____ FTIN# _____
 - Other _____

If plates are to be mailed, please include \$3.50 per plate. Make checks payable to Nebraska Department of Motor Vehicles.

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