

## 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# \_\_\_\_\_  
 \* A Lease Agreement showing the new DOT/FTIN Numbers is required
  - Other \_\_\_\_\_

**If plates are to be mailed, please include \$7.00 per plate. Make checks payable to Nebraska Department of Motor Vehicles.**

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