

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

<https://www.flhsmv.gov/locations/>

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

1 REPLACEMENT TYPE **REPLACEMENT REASON**

Check applicable box below:

- License Plate
- Decal
- License Plate and Decal
- Disabled Person Long-Term Parking Permit
- Disabled Person Temporary Parking Permit
- HOV (High Occupancy Vehicle) Decal

Check applicable box below:

- Damaged
- Surrendered
- Seized
- Defaced
- Stolen (see back)
- Lost
- Stolen/Police Report
- Lost-in-transit (applied for and never received)
- Voluntary (specific reason for replacement) Specialty Plate (Family Values)

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

2 OWNER / CUSTOMER IDENTIFICATION

(Owner's or Lessee's Name) (Driver License Number)

(Street Address)

(City) (State) (Zip)

3 VEHICLE / VESSEL / MOBILE HOME INFORMATION

(a) _____
(Vehicle / Hull / Mobile Home Identification Number) (Year) (Make)

(b) _____
(Previous License Plate Number) (Previous Decal Number) (Previous Parking Placard Number)

4 ATTESTMENT

I hereby certify under the penalty of perjury that the license plate, decal or permit for the vehicle, vessel, or mobile home listed in Section 3 (a), is no longer or has never been 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)

Complete the following, if applicable:

_____ was surrendered to the tax collector: _____
(License Plate, Decal, or Parking Permit Number) (County) (Agency)

(Signature of Agency Personnel) (Date)