

Replacement of License Identification Application

IRP/PRORATE ACCT. NO.	FLEET NO.	SUP. NO.
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NAME OF FIRM/PERSON	
STREET ADDRESS	
P.O. BOX (if applicable)	PHONE NUMBER
CITY, STATE, ZIP CODE	FAX NUMBER

PRORATE SECTION
 DEPARTMENT OF LICENSING
 PO BOX 9048
 OLYMPIA WA 98507-9048
 (360) 664-1858
FAX: (360) 570-7829
 or
 (360) 586-5905

VALIDATION AREA — DO NOT WRITE IN THIS AREA

FOR STATE OFFICE USE ONLY	
DATE MAILED	
APPORTIONED PLATES	
CAB CARDS	VALIDATION TABS
BY	

Owner's Equipment Number	Vehicle Identification Number	Year	Make	Type of Vehicle	Current Plate Number	FOR OFFICE USE ONLY New Plate Number	Please indicate below the applicable dollar amount of replacement fees. (See Replacement Fees to the right)			
							Washington Apportioned Plate	Validation Tab	Cab Card	TOTAL
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$

PRORATE ID REPLACEMENT FEES

Validation Tab \$2.00 set
 Cab Card \$2.00 each

WASHINGTON APPORTIONED LICENSE PLATE REPLACEMENT FEES

* Power Unit \$12.00
 Perm Plates for trailing units See license agent

*** (Cab Cards and Decals Included in fee)**

I, the undersigned, certify under penalty of perjury under the laws of the State of Washington, that I am (we are) the registered owner(s) or lessee of the vehicle(s) described below and that: The **(CIRCLE the applicable item)** Cab Card, Washington Apportioned License Plate, Validation Tab issued to me (us) must be replaced for **(CHECK the applicable reason)** name change, **(Attach new registration(s) for ALL vehicles),** lost/stolen, destroyed/mutilated, or correction of information contained thereon:

(specify): _____

This application is made for the purpose of obtaining a replacement thereof.

NOTE: When requesting replacement apportioned plates you must return the cab card showing the old plate number to the Prorate office.

CONTACT PERSON'S NAME _____ SIGNATURE _____ TITLE _____ DATE _____