



**OAC 165:30-19-12**  
**47 O.S. § 1114; 47 O.S. § 1132.4; 47 O.S. § 1141.1; 47 O.S. § 1114.1**

**INTERNATIONAL REGISTRATION PLAN LOST, STOLEN, OR DAMAGED CREDENTIAL APPLICATION**

Name of Registrant (Print or Type)	FEIN or SSN or TIN	USDOT Number	License Year	License Month	Fleet Number	Account Number
Business Address (Must Indicate Address in Base Jurisdiction)	Mailing Address		Person To Contact Regarding Application		Phone Number	
City	State	Zip	City	State	Zip	Registrant's Phone Number

**Tag Replacement (\$9.00 each) Includes Cab Card**

**VEHICLE TYPE**

Veh. VIN \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Unit # \_\_\_\_\_ TR  TT  ST  TK  TW  CG

Old Tag No. \_\_\_\_\_ Lost  Stolen  Mangled/Damaged

**Please provide a copy of the vehicle title as proof of ownership.**

The undersigned, under oath, swears under penalty of perjury, that the information furnished in this application and supporting documents is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date