

**Application for the Replacement of an IRP Cab Card
The Original Being Lost, Stolen or Mutilated
- Fee \$1.00 -**

IRP Account #	Fleet #	Supplement #	IRP License Plate #	Owner Equipment # (OEN)
Vehicle Identification Number (VIN)			Owner's Legal Name	
Vehicle Year	Vehicle Make		Address	
Insurance Company's Name	Policy Number		City, State & Zip	
<p>I filed an application in accordance with the laws of the State of Georgia and paid the lawful fee for the registration of the above described vehicle and was furnished the license plate number shown. The original cab card has been lost, stolen, or mutilated. I have no knowledge as to where the lost or stolen cab card may be or who has possession of the card; therefore, I request a replacement cab card. I do solemnly swear or affirm under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a material false statement punishable by fine up to \$5,000 or by imprisonment of up to five (5) years, or both, that the statements contained herein are true and accurate. I certify that the vehicle described in this application has liability insurance as required.</p>				
Owner's Personal Signature:			Date:	

Instructions:

- Except for the signature, this application must be typed, electronically completed and printed or legibly hand-printed.
- If the cab card is mutilated, it must accompany this application.
- The application, \$1.00 Cashier's Check or Money Order payable to the Department of Revenue & the mutilated cab card (if applicable) can be mailed or submitted in-person as follows:

Mailing Address

ATTN: IRP Unit
 Dept. of Revenue/Motor Vehicle Division
 PO Box 740382
 ATLANTA, GA 30374-0382

*Office Hours: 7:30 a.m. - 4:30 p.m.
 Monday thru Friday, excluding state holidays

IRP Fax: (770) 359-1823

E-mail: commercial.vehicles@dor.ga.gov

From this department's website, www.cvisn.dor.ga.gov this application can be completed electronically & printed for signing & submission by mail or in person.