



# APPLICATION FOR REPLACEMENT CREDENTIALS

Name of Company \_\_\_\_\_

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 PLATE                      \$8.80  
(When cab card is returned)
- LOST POWER CAB CARD & PLATE                      \$9.80
- LOST TRAILER PLATE                      \$9.30  
(When cab card is returned)
- LOST TRAILER CAB CARD & PLATE                      \$10.30
- LOST CAB CARD ONLY                      \$1.00
- CORRECTED CAB CARD (Unit # \_\_\_\_\_)                      \$1.00  
Please indicate correction to be made on cab card below:

**If plates are to be mailed, please include \$1.00 per plate. Make checks payable to Nebraska Department of Motor Vehicles.**

Motor Carrier Services P O Box 94729 Lincoln, NE 68509-4729, Toll Free 888-622-1222