

**OKLAHOMA CORPORATION COMMISSION
TRANSPORTATION DIVISION
IRP SECTION**

**REPLACEMENT APPLICATION
AFFIDAVIT FOR LOST OR STOLEN TAG
(Please print.)**

**LOST TAGS \$9.00 (each)
LOST TAG FEE INCLUDES CAB CARDS**

**Correct cab cards – no charge
Duplicate cab cards – no charge**

Company Name _____ Address _____

City _____ State ____ Zip _____

REPLACING Cab Card IRP Account No. _____ Fleet No. _____
 Tag

VIN _____ Year _____ Make _____

Unit No. _____ Old Tag No. _____

TYPE TR REASON Lost
 TT Stolen
 ST Mangled/Damaged
 TK
 CG

CORRECTIONS

Previous VIN _____ Corrected VIN _____

Previous Unit No. _____ Corrected Unit No. _____

Corrected Year _____ Corrected Make _____

Corrected Tag No. _____ Corrected No. of Axles _____

Corrected name of owner _____

Please provide a copy of the title for proof of ownership.

Mailing Address:

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

Oklahoma Corporation Commission
Transportation Division-IRP/IFTA Section
2101 N. Lincoln Blvd.
PO Box 52948
Oklahoma City, OK 73152-2948

Signature

**Service – Assistance – Compliance
EXCELLENCE IS OUR STANDARD**