

## WASHINGTON STATE DEPARTMENT OF LICENSING IRP Credential Replacement Application

Use this form to apply for replacement International Registration
Plan (IRP) tabs, cab cards, and license plates. When completed,
send this form and your total fees payable to the Department of Licensing,
and any attachments to:

For validation only						

## Prorate and Fuel Tax, Department of Licensing, PO Box 9048, Olympia, WA 98507-9048

If you have questions, call us at (360) 664-1858 or fax to (360) 570-7829.

IRP/Prorate account number	rorate account number Fleet number Suppleme		number	Registration year	
Name of business or person					
Email address			10-digit phone number	10-digit fax number	
Mailing address				·	
City			State	ZIP code	
			•		

Owner's equipment number	Vehicle identification number (VIN)	Year	Make	Vehicle type	Current plate number	Office use only New plate number	WA apportioned plate	Validation tab	Cab card	Total
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$
							\$	\$	\$	\$

Check appropriate boxes: name change (attach new registrations for all vehicles)

lost/stolen

destroyed/mutilated

correction of information contained (specify)

I certify under penalty of perjury under the law of Washington that the foregoing is true and correct.

Contact person name and title

X

Date and place

Signature

For office use only				
Date mailed		Apportioned	d plates	
Cab cards	Valida	ation tabs	Ву	

	Fees				
Prorate identification replacement					
Validation tab	. \$ 2.00 set				
Cab card	. \$ 2.00 each				
A apportioned plate replacement					
Power unit	. \$14.00 (Cab cards and validation tab included)				
For permanent plates for trailing	units contact a licensing agent.				