



**STATE OF TENNESSEE  
INTERNATIONAL REGISTRATION PLAN  
SCHEDULE C  
APPLICATION FOR REPLACEMENT OF CREDENTIALS**

SUPPLEMENT NUMBER \_\_\_\_\_

**A**

Name of Registrant \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**B**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**C**

License Yr. \_\_\_\_\_ IRP Account# \_\_\_\_\_ Fleet # \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Person to Contact Regarding Application:

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**D**

Temporary Permit Requested? (Please check one) Yes \_\_\_\_\_ No \_\_\_\_\_

**E**

1 OEN	2 V.I.N.	3 YEAR	4 MAKE	5 VEHICLE TYPE	6 LICENSE PLATE NUMBER	7 DECAL NUMBER

**F**

**REPLACEMENT CREDENTIAL REQUESTS**

REPLACEMENT CAB CARD \$2.00

REPLACEMENT PLATE/DECAL \$2.75  
(CAB CARD INCLUDED)

The original cab card must accompany a lost license plate transaction. If the cab card cannot be returned, complete the affidavit for lost cab card, Item H on the reverse side.

**G** Declaration: Under penalty of perjury, the undersigned declares that the information on this application is true and correct.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

OFFICE USE ONLY		
	DATE	INITIALS
VERIFIED & KEYED		
AUDITED		
CREDENTIALS RELEASED		

## Schedule C Application Instructions

Complete Items A, B, and C. A street address or road location must be provided in order for license plates to be mailed. The name, telephone and fax number of the person who is responsible for completion of this application must be provided.

Item D - Temporary Permit Requested Place  in the appropriate box.

Item E - All columns must be completed.

Column 1 - Assigned owner equipment number (1-999999999)

Column 2 - Complete vehicle identification number

Column 3 - Year of vehicle

Column 4 - Make of Vehicle, Example: Dodge = Dodg, Ford = Ford, Freightliner = FRHT

Column 5 - Type: TT = Truck Tractor, TK = Single Truck, TR = Tractor, BS = Bus

Column 6 - License Plate Number - The license plate number for the vehicle with lost credentials

Column 7 - Decal Number - The decal number for the vehicle with lost credentials

Item F - Replacement Credentials Requests - Place and X in the appropriate box.

Item G - Declaration: signature, date and title of preparer must be completed.

Item H - If the IRP apportioned cab card issued has been lost, complete ITEM H - Affidavit for Lost Cab Card.

### ITEM H

I certify that the International Registration Plan Apportioned Cab Card(s) issued for the owner equipment number(s) listed below have been lost.		
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Registrant/Representative Signature _____		
In the event I locate the above mentioned cab card(s), I will immediately forward them to the Department of Revenue, International Registration Plan Office.		