

INSTRUCTIONS

Review the check list below and only use the documents that pertain to your application. If you need additional forms or have any questions you can contact via email or phone listed above.

DOT CHANGE – CAB CARD REPLACEMENT – REPLACEMENT PLATE

- ✓ **Application form 85100** Application must be signed by the officer of the corporation or account holder. Complete all information on this application. Make sure all your truck and personal information is correct. We bill according to what you provide on this application.
- ✓ **Proof of insurance with all FL requirements** \$750,000 or more in combined single limit liability, \$10,000 PIP/Personal Injury Protection, the complete VIN number of the truck, and the certificate holder as the State of Florida Department of Highway and Motor Vehicles. (Bob-tail insurance is NOT accepted for the liability coverage.)
- ✓ **Lease agreements** if the title, insurance, or DOT are not in the account holder's name.



Division of Motorist Services
Bureau of Commercial Vehicle and Driver Services

**APPLICATION TO REPLACE APPORTIONED PLATE, CAB
CARD, AND/OR CORRECT USDOT NUMBER**
(Not to be signed by Agents or Powers of Attorney)

Only the registrant (IRP account holder) or an officer of the registrant's company may sign this form; however, the replacement credentials may be released to the registrant's authorized agent (with power of attorney). See reverse side of this form for additional information and mailing address. The application may be emailed to CVDSSubmit@flhsmv.gov. After processing, a bill for total plate replacement costs (including any applicable mailing fees) will be sent to registrant or registrant's authorized agent, as requested. Replacement plates with cab cards are mailed to address on file. Replacements of cab card only will be sent to email address given on this form at no charge. Mailing fee applies if hard copy is requested by mail.

PRINT REGISTRANT NAME: _____

IRP ACCOUNT #: _____ FLEET #: _____ DOT #: _____

Vehicle Identification Number _____ Year _____ Make _____ Body _____

Title Number _____ Plate Number _____ Unit Number _____ Weight _____

☐ **REPLACEMENT CAB CARD** (only) Send to (email address): _____

☐ **REPLACEMENT PLATE** (Check Applicable Box for Replacement Reason):

- | | |
|---|--|
| <input type="checkbox"/> Damaged/Defaced (must return plate; enclose payment) | <input type="checkbox"/> Lost-in-transit (see reverse side for instructions; no fee) |
| <input type="checkbox"/> Defective Plate (must return plate; no fee) | <input type="checkbox"/> Stolen Plate (must submit copy of policy report; no fee) |
| <input type="checkbox"/> Lost Plate (enclose payment) | <input type="checkbox"/> Cab Card Replacement Only (will be sent to email on this application . Mail fee applies to any mailed copies. |

☐ **US DOT NUMBER CORRECTION** (Updated cab card will be sent to email address provided above)

Enclose a copy of the new lease agreement with proof of new insurance coverage (if applicable).

New US DOT # assigned to vehicle _____ FEIN/Taxpayer Identification Number associated with new US DOT # _____

Is the designated carrier responsible for safety expected to change again this registration year? ☐ YES ☐ NO

**I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Print Name: _____ ☐ Registrant ☐ Company Officer (SUNBIZ REGISTRATION
REQUIRED)

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY (WALK IN COUNTER)

PRESENTED TO (PRINT NAME): _____ PLATE #(S): _____

SIGNATURE OF RECIPIENT: _____ DATE: _____

Recipient is: ☐ Registrant ☐ Company Officer (SUNBIZ REGISTRATION REQUIRED) ☐ Authorized Agent (POA Required)

ADDITIONAL INFORMATION

PROVISIONS OF LAW

Section 320.0607, Florida Statutes, provides for the replacement of license plates when the original plate has been damaged, defaced, lost, stolen, destroyed, or lost in the mail. The Bureau of Commercial Vehicle and Driver Services (BCVDS) processes requests for replacement of an apportioned plate or cab card by mail, email or in person. Applications must be submitted directly to BCVDS, if eligible for replacement at no charge or if original credentials were lost in the mail. Otherwise, applications may also be submitted and processed in person at any state authorized license plate agency (subject to additional fee).

APPLICATION REQUIREMENTS

The application for the replacement of apportioned plates or cab cards (Form 85100) must be legible and completed in detail. The registrant or an officer of the registrant's company is accountable for the truthfulness of the information and must sign the form. However, an authorized agent may submit the application and accept the replacement credentials on behalf of the registrant.

REPLACEMENT TYPES

DAMAGED/DEFACED:

A damaged license plate is when the license plate has sustained physical damage. EXAMPLE: Something struck the license plate and dented the letters or numbers, customer pressure-washed the letters off of the license plate, etc. [s. 320.0607(1) and (3), F.S.]

A defaced license plate is when the license plate has not sustained physical damage but is unreadable for some other reason. EXAMPLE: The sun has faded the letters or numbers on the license plate. [s. 320.0607(1) and (3), F.S.]

Payment of the replacement fee is required.

DEFECTIVE:

If the license plate that was issued to the registrant contains a defect that impairs legibility or the ability to display properly, it will be replaced at no charge. However, the registrant must surrender (return) the defective license plate.

All damaged, defective, or defaced license plates must be returned for cancellation.

LOST (not stolen)

If the registrant cannot account for the missing plate and/or cab card, and there is no police report of theft, the credential is considered lost. Payment of the replacement fee is required. [s. 320.0607(2) and (3), F.S.]

LOST-IN-TRANSIT

If the registrant has not received the apportioned license plate and/or cab card after 15 calendar days have passed since the credentials were mailed by BCVDS, replacement of the plate and/or cab card will be processed by the BCVDS at no charge, if submitted within 180 days from the date the credentials were originally issued. **This transaction must be coordinated directly with BCVDS before submitting the application (Form 85100). Call 850-617-3711 for instructions.** [s. 320.0607(4), F.S.]

STOLEN

Applications for the replacement of apportioned license plates or cab cards that have been stolen will be processed by BCVDS at no charge when accompanied by a copy of the police report issued by the law enforcement agency to which the theft was reported. If the theft is not reported or no case number is assigned, payment of the replacement fee is required. [s. 320.0607(2), F.S.]

U.S. DOT NUMBER CORRECTION

A DOT Number Correction is required if the motor carrier responsible for the safety of the vehicle changes. Both the USDOT# and FEIN assigned to the vehicle must be updated on the IRP account. If the new carrier responsible for vehicle safety is different from the registrant, a copy of the current (signed) lease agreement and proof of insurance (insurance card is not acceptable) must also be submitted. The registrant will be issued updated cab card(s) upon payment of the applicable fee.

SUBMITTING THE REPLACEMENT APPLICATION BY MAIL

Send the completed Form 85100 and any required supporting documents to BCVDS at 2900 Apalachee Parkway, Mail Stop 62, Tallahassee, FL 32399.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Producer Name Insurance Producer Address		CONTACT NAME: Contact info from producer PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Progressive Insurance	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES FOR <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP \$10,000			Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

If policy is marked as a scheduled policy, VIN #'s have to be listed

CERTIFICATE HOLDER

CANCELLATION

Florida Department of Highway Safety & Motor Vehicles Neil Kirkman Building #A110 2900 Apalachee Parkway Tallahassee, Florida 32399	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Name or signature of representative
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SCHEDULE 1
(Form 2290)

(Rev. July 2018)
Department of the Treasury
Internal Revenue Service

Schedule of Heavy Highway Vehicles

For the period July 1, 2018, through June 30, 2019

► **Complete and file both copies of Schedule 1. One copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.**

OMB No. 1545-0143

Type
or Print

Name

IRP Account name or Name listed on the title of the vehicle

Employer identification number

□□-□□□□□□□□

Address (number, street, and room or suite no.)

E-FILE at expresstrucktax.com

City or town, state or province, country, and ZIP or foreign postal code

E-FILE watermark or IRP stamp has to be visible

Month of first use
(See instructions)

Y Y Y Y M M

Part I

Vehicles You Are Reporting (enter VIN and category)

Category A through W
(category W for
suspended vehicles)

1	<input type="text"/>	A - 55,000
2	<input type="text"/>	B - 55,001 to 56,000
3	<input type="text"/>	C - 55,001 to 57,000
4	<input type="text"/>	D - 57,001 to 58,000
5	<input type="text"/>	E - 58,001 to 59,000
6	<input type="text"/>	F - 59,001 to 60,000
7	<input type="text"/>	G - 60,001 to 61,000
8	<input type="text"/>	H - 61,001 to 62,000
9	<input type="text"/>	I 62,001 to 63,000
10	<input type="text"/>	J 63,001 to 64,000
11	<input type="text"/>	K 64,001 to 65,000
12	<input type="text"/>	L 65,001 to 66,000
13	<input type="text"/>	M 66,001 to 67,000
14	<input type="text"/>	N 67,001 to 68,000
15	<input type="text"/>	O 68,001 to 69,000
16	<input type="text"/>	P 69,001 to 70,000
17	<input type="text"/>	Q 70,001 to 71,000
18	<input type="text"/>	R 71,001 to 72,000
19	<input type="text"/>	S 72,001 to 73,000
20	<input type="text"/>	T 73,001 to 74,000
21	<input type="text"/>	U 74,001 to 75,000
22	<input type="text"/>	V 75,000 +
23	<input type="text"/>	
24	<input type="text"/>	

Part II

Summary of Reported Vehicles

a Total number of reported vehicles	a	
b Enter the total number of taxable vehicles on which the tax is suspended (category W)	b	
c Total number of taxable vehicles. Subtract line b from line a	c	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 112500

Schedule 1 (Form 2290) (Rev. 7-2018)

DOT/CARRIER LEASE

AGREEMENT

REQUIREMENTS

****We are no longer allowed to accept one page lease agreements!****

The lease agreement must include:

- Names & Signatures of both the Lessor and Lessee
- Begin and End Dates of the lease, or language stipulating that lease is in effect until cancelled.
- Vehicle/Equipment information (e.g., VINs of all the vehicles being registered/insured)
- Name of person responsible for vehicle safety (Motor Carrier Responsible for Safety)
- ALL Terms and Conditions must be incorporated! Including, but not limited to: Insurance, Carrier Responsible for Safety, Compensation & Payment Period, etc.



Division of Motorist Services
Bureau of Commercial Vehicle and Driver Services

**POWER OF ATTORNEY (POA)
AND AFFIDAVIT OF AUTHORIZED AGENT**

PART 1 – POWER OF ATTORNEY

Florida based carriers with International Registration Plan (IRP) and/or International Fuel Tax Agreement (IFTA) accounts may authorize agents to perform transactions on their behalf by Power of Attorney (POA), using this form.

In accordance with Chapter 709, Florida Statutes, this form must be signed by the principal (the IRP registrant/ IFTA licensee) in the presence of two witnesses and before a notary public. The Bureau of Commercial Vehicle and Driver Services will only accept the original, signed and notarized document (not a photocopy or other facsimile). By signing this POA, the IRP registrant/IFTA licensee expressly revokes any and all previously executed POAs on file with the Bureau, as provided in Section 709.2110, Florida Statutes.

Section 1. Registrant/Licensee (Principal)

Account Name:_____	The name and FEIN entered on this POA must match the name and FEIN on the IRP and IFTA accounts referenced below: IRP Account Number:_____	
FEIN:_____		IFTA Account Number:_____
Telephone Number:(_____)_____		
Email Address:_____		

Section 2. Authorized Agent(s)

The individual or individuals (natural persons) named below are my authorized representatives. NOTE: Only three authorized agents may be designated at a time and all must be affiliated with the same Carrier Service Provider, if applicable. Each authorized agent must complete Part II of this form:	
Print Name:_____	Contact Telephone: (_____)_____
Email Address:_____	
Print Name:_____	Contact Telephone: (_____)_____
Email Address:_____	
Print Name:_____	Contact Telephone: (_____)_____
Email Address:_____	
Name of Carrier Service Provider that employs or contracts with the agents listed above (if applicable): _____	
Note: To designate the mailing address of the Carrier Service Provider for all IRP/IFTA correspondence and credentials, registrants/licensees or one of their authorized agents must submit a Change of Address form (HSMV 85041).	

Name of Account: _____

FEIN: _____

Section 3. Acts Authorized by the Registrant/Licensee (Principal)

I authorize the agent(s) named in Section 2 to transact on my behalf with respect to both my International Registration Plan (IRP) and my International Fuel Tax Agreement (IFTA) accounts, which I have listed in Section 1. This authority applies specifically to the following:

- Completion and submission of IRP/IFTA transactional forms on which the accountholder is not required to sign an attestation,
- Completion and submission of IFTA Quarterly Tax Returns,
- Making payments on behalf of the accountholder,
- Receiving IRP and IFTA credentials on behalf of the account holder, and
- Representing the accountholder in audit and/or collection matters.

Under penalties of perjury, I affirm that I am authorized to execute this Power of Attorney and I declare that the information in the foregoing Sections 1 and 2 are true and correct.

Signature of Principal: _____ Title: _____ Date: _____

Printed Name of Principal: _____

☐ Registrant/Licensee/Sole Proprietor ☐ Corporate Officer of Carrier Company holding account **(WITH SUNBIZ REGISTRATION)** ☐ Partner in Carrier Company holding account **(WITH SUNBIZ REGISTRATION AND AUTHORITY TO ACT ON BEHALF OF PARTNERSHIP)**

Signature of First Witness

Signature of Second Witness

Printed Name of First Witness

Printed Name of Second Witness

TO BE COMPLETED BY A NOTARY:

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
by

(name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced
Identification

Type of Identification Produced

Name of Account: _____

FEIN: _____

PART II – AFFIDAVIT OF AUTHORIZED AGENT

STATE OF FLORIDA

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
who swore or affirmed that: (Affiant)

1. Affiant is the agent named in the Power of Attorney executed by _____
on (insert date) _____. (Principal)

2. This Power of Attorney is currently genuine, valid and exercisable by Affiant. The principal is domiciled in _____
(insert state, territory, or foreign country).

3. To the best of the Affiant's knowledge after diligent search and inquiry:

- The Principal is not deceased;
- Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or guardian advocate;
- Affiant's authority has not been terminated by the filing of an action for dissolution or annulment of Affiant's marriage to the principal, or their legal separation; and
- There has been no revocation, partial or complete termination of the Power of Attorney or of Affiant's authority.

4. Affiant is acting within the scope of authority granted in the Power of Attorney.

5. Affiant is the successor to any predecessor agent(s), who has resigned, died, become incapacitated, is no longer qualified to serve, has declined to serve as agent, or is otherwise unable to act, if applicable.

6. Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

(Signature of Affiant)

TO BE COMPLETED BY A NOTARY:

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
by:

(name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

(Type of Identification Produced)

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INSTRUCTIONS FOR FORM HSMV 96440 (rev. 2/14/2020), POWER OF ATTORNEY

GENERAL INFORMATION

- Only one POA form is needed per customer. It will apply to both the IRP & IFTA account.
- Only a natural person may be an authorized agent, as per Chapter 709, Florida Statutes. **The customer may NOT designate a carrier services company** but may designate a **maximum of three individuals** who work for the same carrier services company.
- By executing the POA, the customer delegates all authorized acts listed on Page 2 to all authorized agents designated on Page 1, who shall have equal authorized agent status.
- At least one designation should be given to an individual who may need to interact in person with an IRP walk in office on behalf of the customer, even for courier purposes.
- The customer's **Account Name and the FEIN** must be on EVERY page of the POA.
- The Bureau only accepts the **original, signed, and notarized** POA form. Submit the POA in person to an IRP walk in office or mail to the Bureau of Commercial Vehicle and Driver Services, 2900 Apalachee Parkway, Mail Stop 62, Tallahassee, FL 32399-0626.
- Part I and Part II of the form may be completed separately but must be submitted together or the POA form will not be accepted and will have to be re-submitted in full.
- When an updated POA is submitted, any and all previously submitted POAs are voided.

PART I – POWER OF ATTORNEY

- Section 1: The customer who holds the IRP or IFTA account (IRP registrant and/or IFTA licensee) is the “principal”. Make sure all customer information in Section 1 is accurate.
- Section 2: The designation of just one individual is all that is required. If more than one agent is listed, they should all be affiliated with the same carrier services company and that carrier services company's name and business mailing address should be provided.
- Section 3: Fill in Name of Account and FEIN on top of the page. The customer (either the registrant/licensee or the appropriate corporate officer of the customer's company) must sign the POA **in the presence of**: two witnesses AND a public notary (the notary may serve as one of the witnesses). The notary should print the name of the signing customer (principal) on the line for "Name of Person Making Statement". The notary may be an employee of the carrier services company but cannot be a corporate officer or owner/co-owner of the carrier services company, nor an agent designated in Section 2 of the same POA form.

PART II – AFFIDAVIT(S) OF AUTHORIZED AGENT(S)

- Fill in Name of Account and FEIN on the top of every affidavit that is completed.
- Each authorized agent is an “affiant” and must sign Part II (on the line following the 6th statement). Make additional copies of Part II (page 3 of the POA form) as needed.
- The signature of each authorized agent must be notarized. The notary should print the name of the signing agent on the line for “Name of Person Making Statement”.