

**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**