



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
Application For Replacement Credentials

MV 40-12-265-1
6/20

This form is used to request a replacement license plate, replacement validation decal or a current registration receipt issued by the licensing official. Return this application with payment to your local licensing official's office.

REGISTRANT INFORMATION					
LAST, FIRST, MIDDLE OR ORGANIZATION NAME			TELEPHONE NUMBER	EMAIL	
PHYSICAL ADDRESS		COUNTY	MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)		
CITY	STATE	ZIP	CITY	STATE	ZIP

VEHICLE INFORMATION		
PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	OFFICE USE ONLY

REPLACEMENT CREDENTIALS REQUESTED	Replacement fee is determined by local licensing office.
<input type="checkbox"/> License Plate <input type="checkbox"/> Decal <input type="checkbox"/> Registration Receipt (<u>current registration period only</u>)	

REASON FOR REPLACEMENT

Stolen/Lost - It is the responsibility of the registrant to notify the appropriate law enforcement agency regarding lost or stolen license plates.

Mutilated/Damaged - License plate must be surrendered to the appropriate license plate issuing official. If the license plate cannot be surrendered, a statement as to the certification of the destruction of the license plate may be submitted.

Incorrect - A copy of the original registration receipt reflecting the incorrect information should be submitted with this form, if available. Do not return the original registration receipt.

Never Received - License plate or decal that was issued but never received due to being lost in the mail.

Should the lost license plate be recovered or come into the possession of the applicant, the license plate must immediately be delivered to the local licensing authority. Should any person use upon any motor vehicle the old tag or validation stamp, they may be arrested and upon conviction shall be guilty of a misdemeanor in accordance with Section 40-12-265, Code of Ala. 1975.

I certify, under penalty of perjury that the above information provided is true and correct

Signature: _____ Date: _____

For credentials issued by the ADOR MVD only (state, county, municipal, PUD, US government loaned, consular official, volunteer fire department, or IRP) submit this application to the ADOR MVD.