

**DEPARTMENT OF TRANSPORTATION  
HARBORS DIVISION  
OUT-OF-SERVICE REPLACEMENT VEHICLE REQUEST**

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

Company Name: \_\_\_\_\_

Original Decal Number: \_\_\_\_\_

Original Vehicle Number: \_\_\_\_\_ REPLACEMENT VEHICLE Number: \_\_\_\_\_

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**Please mark (√) the Section that applies to your request.**

**SHORT-TERM REPLACEMENT FOR REPAIR.**

The original vehicle listed above has been taken out-of service from \_\_\_\_\_ and scheduled to return to service on \_\_\_\_\_. The above company requests that original vehicle \_\_\_\_\_ be replaced with REPLACEMENT VEHICLE NUMBER \_\_\_\_\_, for the duration of the repair at no charge. Check (√) the following items that are attached:

Vehicle Registration     Taxi Permit     Proof of Insurance

**OUT OF SERVICE REPLACEMENT.**

The original vehicle listed above has been taken out-of service on \_\_\_\_\_ to June 30. The above company requests that the original vehicle \_\_\_\_\_ be replaced with REPLACEMENT VEHICLE NUMBER \_\_\_\_\_, to June 30 and request that a replacement decal pursuant to H.A.R. Section 19-44-53, be issued to the REPLACEMENT VEHICLE. The following checked (√) items are attached:

Original Decal (Decal is to be Returned with Application)     Renewal Fee

Vehicle Registration     Taxi Permit     Proof of Insurance

**Official Use Only**

APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_

Harbor Master

Remarks: \_\_\_\_\_