

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

Date: _____

Company Name: _____

Original Decal Number: _____

Original Vehicle Number: _____ REPLACEMENT VEHICLE Number: _____

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 Ground Transportation 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 Ground Transportation Permit Proof of Insurance

Official Use Only

APPROVED: _____ DATE _____

Harbor Master

Remarks: _____