



About this form: Use this form to apply for the replacement of a damaged Special Authorization Vehicle Identifier (plate & decal), or decal only or passenger transportation document. This form is not for use by those requesting the replacement of a lost or stolen plate, decal or document. For these instances use Form PTR 5018: Lost or Stolen Plate, Decal or Document Declaration & Replacement Request which is available on the Registrar's website at http://www.th.gov.bc.ca/forms/results.aspx?group=21.

Fee Payment: There is a \$50 fee (Canadian Funds) for each replacement request. If you pay with a credit card, do not send credit card information with your request. When your request is received at the Passenger Transportation Branch a staff member will contact you by telephone to request your credit card information and authorization.

Plate Replacement Instructions: After this application is processed the replacement plate & decal and the original Vehicle Identification Certificate (VIC), displaying the vehicle registration number or vehicle identification number (VIN), will be mailed to the Licensee. The plate & decal and original VIC must be placed on/in the vehicle specified below in Section 3.

Submit a separate form for each replacement request.

1. Licensee Information:

Licensee Name: _____

Passenger Transportation Licence Number: _____

Phone: _____ Cell: _____

2. Replace a DAMAGED: (check one item only - a separate form must be used for each replacement request)

- a. Special Authorization Vehicle Identifier (plate & decal) - replacement includes Vehicle Identifier Certificate (VIC)
b. Special Authorization Vehicle Identifier (decal only) - replacement includes Vehicle Identifier Certificate (VIC)
c. Vehicle Identification Certificate (VIC) only
d. Passenger Transportation Licence document

3. Plate, Decal & Vehicle Information: (Complete this section only if you checked box 2a, 2b or 2c above)

Plate No: _____ Decal No. _____ Vehicle Year, Make & Model: _____

BC Registration No.: _____

Name of Registered Vehicle Owner: _____

- Wheelchair Accessible Flip Seat Eco-friendly
Sedan Limousine Perimeter Seating Bus

Explain the circumstances that resulted in your filing this replacement request:

Collection of Personal Information: Personal information is collected by the Ministry of Transportation and Infrastructure - Passenger Transportation Branch under section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) for administering and enforcing the Passenger Transportation Act and Passenger Transportation Regulation. Should you have any questions about the collection of this personal information please contact: Registrar, Passenger Transportation Branch, 200 - 1500 Woolridge St. Coquitlam BC, 604-527-2198, passengertransportationbr@gov.bc.ca

4. Declaration:

I (we) declare that the statements and information contained in, attached to and submitted with this application form are true and correct; and I (we) understand that they are subject to verification and that any false or misleading representations could result in the refusal or cancellation of the application and/or licence. I (we) also confirm my (our) commitment to safe operation as identified in the Passenger Transportation Act.

This form must be signed by the licensee - an individual (sole proprietor), all partners in the partnership, a principal of the legal entity (i.e. corporation, LLC, society, city) or a person with delegated signing authority as filed with the Passenger Transportation Branch.

Full Name: _____ Title: _____
Signature: _____ Date: _____
Full Name: _____ Title: _____
Signature: _____ Date: _____