OUTDOOR ADVERTISING PERMIT TAG REPLACEMENT REQUEST

INSTRUCTIONS (Please type or fill out in ink):

1. USE ONE (1) OUTDOOR ADVERTISING PERMIT TAG REPLACEMENT REQUEST FOR EACH SIGN LOCATION [A MAXIMUM OF TWO(2) TAGS]
2. NOTE: THE NAME, ADDRESS AND ACCOUNT NUMBER MUST BE THE SAME AS THE NAME, ADDRESS AND ACCOUNT NUMBER OF RECORD. ADDRESS OF RECORD WILL BE CHANGED IF "YES" IS CHECKED. THE FORM MUST HAVE ORIGINAL SIGNATURE.
3. ENCLOSE $12.00 FOR EACH REPLACEMENT TAG REQUESTED.
4. THE PERMANENT METAL TAG MUST BE DISPLAYED AT THE PERMITTED LOCATION WITHIN 30 DAYS OF ISSUANCE AND AT ALL TIMES THEREAFTER. THE TAG MUST BE VISIBLE FROM THE MAIN-TRAVELED WAY. FAILURE TO PROPERLY POST THE PERMIT TAG MAY RESULT IN PERMIT REVOCATION.
5. INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED. **THE DEPARTMENT WILL NOT MAKE CHANGES TO THIS FORM.**
6. RETURN THE COMPLETED FORM TO: FLORIDA DEPARTMENT OF TRANSPORTATION
   OUTDOOR ADVERTISING CONTROL OFFICE
   605 SUWANNEE STREET, MAIL STATION 22
   TALLAHASSEE, FL 32399-0450
   For assistance in completing this form, call (850) 414-4601

ACCOUNT NAME:	ACCOUNT NUMBER:
ADDRESS: (Is this a change of address? ☐ Yes ☐ No)	
CITY: STATE: ZipCode:	TELEPHONE NUMBER:
MAILING ADDRESS FOR TAGS (If different from above):	

LOCATION INFORMATION: IN THE SPACE PROVIDED, PLEASE INDICATE THE COUNTY IN WHICH THE SIGN IS LOCATED, THE NAME AND NUMBER OF THE ROADWAY TO WHICH THE SIGN IS PERMITTED, AND THE PERMIT TAG NUMBER TO BE REPLACED.

COUNTY IN WHICH SIGN IS LOCATED:	TAG NUMBER TO BE REPLACED:
NAME AND NUMBER OF HIGHWAY:	FOR FDOT USE ONLY: REPLACED BY:
COUNTY IN WHICH SIGN IS LOCATED:	TAG NUMBER TO BE REPLACED:
NAME AND NUMBER OF HIGHWAY:	FOR FDOT USE ONLY: REPLACED BY:

IS THE REPLACEMENT TAG BEING REQUESTED AS THE RESULT OF A NOTICE OF NONCOMPLIANCE OR A NOTICE OF VIOLATION? ☐ YES ☐ NO

NOTE: THE STATEMENT BELOW MUST BE EXECUTED BY THE OWNER OR OTHER AUTHORIZED REPRESENTATIVE OF THE BUSINESS, CORPORATION OR INDIVIDUAL WHO HOLDS THE PERMIT(S):

I HEREBY CERTIFY THAT THE ABOVE-REFERENCED PERMIT TAGS HAVE BEEN LOST, STOLEN OR DESTROYED AND A REPLACEMENT IS REQUIRED.

I FURTHER CERTIFY THAT I AM AUTHORIZED TO REQUEST THIS REPLACEMENT ON BEHALF OF THE PERMIT HOLDER.

(Signature of permit holder or representative)	(Position or title)
(Printed name of permit holder or representative)	(Date)

FOR FDOT USE ONLY:

Check number: Amount:	Payment ID:
Receipt number:	System update: By: