

# AFFIDAVIT FOR REPLACEMENT OF LOST MOBILE HOME INSTALLATION DECALS

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

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Installer's Name

\_\_\_\_\_  
Installer's Address

\_\_\_\_\_  
Decal Numbers

I certify that the above listed decals were never received by me.

I further certify that if these decals are received, I will immediately return them to the Mobile Home Installer Licensing Section, Division of Motorist Services at 2900 Apalachee Parkway, Neil Kirkman Building, MS 66, Tallahassee, Florida 32399-0640.

\_\_\_\_\_  
Installer's Signature

**PLEASE DO NOT COMPLETE ANYTHING BELOW THIS LINE (FOR OFFICE USE ONLY)**

## **REPLACED DECALS**

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

Original CRS#: \_\_\_\_\_

Decal Numbers: \_\_\_\_\_

By: \_\_\_\_\_

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## **RECOVERED & DESTROYED**

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

Decal Numbers: \_\_\_\_\_

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

By: \_\_\_\_\_

Witnessed By: \_\_\_\_\_