

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: _____

RECOVERED & DESTROYED

Date Recovered: _____

Decal Numbers: _____

Date Destroyed: _____

By: _____

Witnessed By: _____