



Account #

**SECTION 3. VEHICLE INFORMATION SHEET**  
(See BLUE instruction sheet)

Vehicle Manufacturer	Model	Model Yr	VIN	Transponder ID

**3A. REQUIRED INFORMATION FOR THE VEHICLE ABOVE**

Does this vehicle currently have a transponder?  Yes  No, provide reason below

If yes, is the correct transponder number listed above?  Yes  No  Not Listed

Cab/Unit # \_\_\_\_\_ (If no number is assigned use the last five digits of the VIN)

Color \_\_\_\_\_

Primary License Plate Number (US is Preferred) \_\_\_\_\_ (No dashes, spaces or special characters)

Country Code \_\_\_\_\_ State/Province Code \_\_\_\_\_

**3B. CARRIER INFORMATION**

Are you OR are you carrying for a C-TPAT-FAST approved carrier?

YES. Please provide the U.S. Fast ID Number for the carrier.

U.S. FAST ID Number  (Do not use Driver Fast ID Number) Please proceed to Section 3C.

NO. Please complete Section 3C.

**3C. REGISTERED OWNER INFORMATION**

Is the owner C-TPAT-FAST approved?

YES. Please provide the U.S. Fast ID Number for the registered owner.

U.S. FAST ID Number  (Do not use Driver Fast ID Number)

NO. Please provide the registered owner information from the Vehicle Registration.

(If the truck has a Canadian registration, please use the registered plate owner information.)

NAME (Please print): \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE CODE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY CODE: \_\_\_\_\_

Submitting this application certifies that all information is accurate. The applicant is responsible for ensuring that duplicate User Fees are not requested. All transactions are final. No refunds and no credits will be approved. To determine delivery date, add processing time and the shipping time for the options chosen.

**FAX Completed forms to 317-290-3219**

Account #

**ADDITIONAL VEHICLE INFORMATION SHEET**  
(See BLUE instruction sheet)

Vehicle Manufacturer	Model	Model Yr	VIN	Transponder ID

**3A. REQUIRED INFORMATION FOR THE VEHICLE ABOVE**

Does this vehicle currently have a transponder?  Yes  No, provide reason below

If yes, is the correct transponder number listed above?  Yes  No  Not Listed

Cab/Unit # \_\_\_\_\_ (If no number is assigned use the last five digits of the VIN)

Color \_\_\_\_\_

Primary License Plate Number (US is Preferred) \_\_\_\_\_ (No dashes, spaces or special characters)

Country Code \_\_\_\_\_ State/Province Code \_\_\_\_\_

**3B. CARRIER INFORMATION**

Are you OR are you carrying for a C-TPAT-FAST approved carrier?

YES. Please provide the U.S. Fast ID Number for the carrier.

U.S. FAST ID Number  (Do not use Driver Fast ID Number) Please proceed to Section 3C.

NO. Please complete Section 3C.

**3C. REGISTERED OWNER INFORMATION**

Is the owner C-TPAT-FAST approved?

YES. Please provide the U.S. Fast ID Number for the carrier.

U.S. FAST ID Number  (Do not use Driver Fast ID Number)

NO. Please provide the registered owner information from the Vehicle Registration.

(If the Truck has a Canadian registration, please use the registered plate owner information.)

NAME (Please print): \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE CODE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY CODE: \_\_\_\_\_

Submitting this application certifies that all information is accurate. The applicant is responsible for ensuring that duplicate User Fees are not requested. All transactions are final. No refunds and no credits will be approved. To determine delivery date, add processing time and the shipping time for the options chosen.

**FAX Completed forms to 317-290-3219**

# TRANSPONDER REPLACEMENT

## Department of Homeland Security Customs and Border Protection

<b>Fax to:</b> User Fee Administrator <b>Fax Number:</b> 317-290-3219 <b>Number of Pages (including cover):</b>	<b>Agency Use Only</b>	
	Received Date	Date Issued
<b>CUSTOMER NAME AND SHIP TO ADDRESS:</b>	Completion Date	Page _____ of _____
	<b>Expedited Shipping Address:</b>	U.S. Customs and Border Protection DTOPS Program Administrator 6650 Telecom Drive, Suite 100 Indianapolis, IN 46278
	<b>Mail To:</b>	U.S. Customs and Border Protection DTOPS Program Administrator 6650 Telecom Drive, Suite 100 Indianapolis, IN 46278

### REQUEST: (Attach list if more than one.)

I am requesting a replacement transponder for transponder # \_\_\_\_\_ License Plate # \_\_\_\_\_

VIN # (Last six digits) \_\_\_\_\_

Reason for replacement:  Windshield Replacement  Non-Operational  Other \_\_\_\_\_

Printed Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**There is not a fee for Replacement Transponders.  
The only charge will be if an Expedited/Registered Shipping Method is selected.**

**SHIPPING METHODS:** All countries not listed below will be shipped via 1st Class U.S. Mail free of charge.  
**NOTE:** If no shipping method below is selected, your transponder order will be shipped via 1st Class U.S. Mail at no cost (except addresses in Mexico). Allow 4-6 weeks for delivery.

**OPTIONAL SHIPPING METHODS:**

United States	\$6.00	Expedited -- Next Business Day (Street address only)
Canada	\$12.00	Expedited -- Approx. 3-4 Business Days (Street address only)

**REQUIRED SHIPPING TO ADDRESSES IN MEXICO:**

Mexico	\$8.00	U.S. International Registered Mail (allow 4 - 6 weeks for delivery)
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### CHOOSE A PAYMENT OPTION:

**DO NOT SEND CASH:** Make check or money order, drawn on U.S. Bank in U.S. Dollars (\$), payable to CUSTOMS AND BORDER PROTECTION

**METHOD OF PAYMENT:**  Check  Money Order  Visa  Master Card  Discover  American Express

Credit Card Account #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Amount Authorized for Optional Shipping: \$ \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature authorizes charge