



Company Name: _____

Name of contact: _____

Phone number: _____

Email Address: _____

MULTIPLE VEHICLE DECAL APPLICATION

*Copy of valid ICBC insurance for all vehicles must be submitted along with this form

Multiple Pages of this form may be submitted for larger fleets							Office Use Only		
A	B	C	D	E	F				
ICBC Registration #	Gross Vehicle Weight (GVW)	Provincial Licence Plate #	Signage on vehicle Y/N	If no signage, existing Commercial Plate #	New Comm Plate req'd Y/N	Municipal Decal	Commercial Permit Decal	New Plate Number	
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