*** A COPY OF THE REGISTERED OWNER'S ID IS REQUIRED ***

AUTHORIZATION / RELEASE AFFIDAVIT

For Fast Title Issuance

OWNER INFORMATION				
Name of Registered Owner(s)				Title N
Street Address				Year
City	State	ZIP		Vehicle
Phone Number (Including Area Co	ode)		_	
()				

VEHICLE DESCRIPTION			
Title Number			
Year	Make		
Vehicle Identification Number			

I, _____authorize the following individual to (Owner's Name)
receive my title certificate or registration for the above-described vehicle:

Name of Authorized Individual	
Driver License Number of Authorized Individual	Phone Number of Authorized Individual

Under penalties of perjury, I declare that I have read the foregoing document and certify that the statement is true. I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Florida Statutes 775.082, 775.083 and 775.084.

Signature of Owner	Date	
Signature of Authorized Individual	Date	