

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

AUTHORIZATION / RELEASE AFFIDAVIT

For Fast Title Issuance

OWNER INFORMATION	VEHICLE DESCRIPTION	
Name of Registered Owner(s)	Title Number	
Street Address	Year	Make
City State ZIP	Vehicle Identification Number	
Phone Number (Including Area Code) ()		

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