



DROP OFF AND PICK UP ALL WORK AT EXPRESS LOCKERS (Located in the Drive Thru of our DeSoto Office)

Dealer, Government, & Specialized Transactions - Manatee County Only
 Mark a method of payment Payment Method - [] Signed Check [] Dealer Trust Account [] Credit Card (Authorization Form Req'd)

Contact Information		ALLOW 3 BUSINESS DAYS* FOR PROCESSING TITLE WORK (NOT INCLUDING DROP-OFF DAY OR HOLIDAYS). TITLE WORK MUST BE COMPLETED IN ITS ENTIRETY TO AVOID REJECTION. *not all work is subject to 3-business day turnaround
Agency Name: Dealership Name	Dealer PIN: Pin Number if Applicable	
Contact Name: Agent/Person Name	Agent/Customer Signature: (Required) Signature of person completing the form (Required)	
Contact Phone: Phone Number		
Contact Email: Best Email for Contact		

Note: A new control sheet must be completed each time work is dropped off.

Completed by Dealer/Agency/Customer. All applicable sections must be completed.

Transaction Information:		Please select your title transaction					Please select your registration transaction				Office Use Only		
Complete Applicant Name, Plate or VIN in Spaces Below	Transfer Title or MSO	Title Only/Duplicate (no registration)	Fast Title -or- Print Electronic Title	Transfer Current Plate and/or Decal	Replace Plate	For Renewals or New Plates, Specify # of Registration Months			Government Agencies Only: Plate Type (City, County, or State)	Mobile Home Park Name	Processed ("Y" or "N")	Fast Title Audit #	Title Number
						1-12	13-15	16-27					
1	This must be something defining the deal. Title number, VIN, Applicant Name, or Year/Make are all acceptable options.												
2	Please check all boxes that apply to each transaction.												
3													
4													
5													
6													
7													
8	Examples Below:						What our office is being told:						
9	1C4BJWDG9EL175272	X	X										
10	2004 JEEP BLK	X	X				X						
11	Doe, John	X		X									
12													
13													
14													
Other items not listed above (Form/Inventory requests, trust account deposit, Certificate of Destruction, Wrecker Operator Lien, etc.):		Put any special notes for our office in this section.											
		Note: The gray fields will be completed by our office and should be left blank.											
Office Use Only -		Cashier: _____ Amount: _____ Batch #: _____ Date: __/__/____											