

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
AUTHORIZATION/RELEASE AFFIDAVIT FOR EXPEDITED TITLE

Use this form when picking up a title on behalf of the vehicle owner.
Appointee must present photo ID.

Owner Information:

Vehicle Description:

Name of Registered Owner(s)

Title Number

Address

Year

Make

City

State

Zip

Vehicle Identification Number

Owner's Phone Number (Including Area Code)

Appointee's Phone Number (Including Area Code)

Owner's DL / ID Number

State

Appointee's DL / ID Number

State

I, _____, authorize _____
Owner's Name *Person Appointed to Pick Up Title Document*

to receive my **printed** title certificate **and / or** registration, if applicable, for the above-described vehicle.

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 and punishable as provided in Florida Statutes 775.082, 775.083, and 775.084.

Under penalties of perjury, I declare that I have read the foregoing document and certify that the statement is true.

Signature of Owner

Date

Signature of Co-owner

Date