SURRENDER LICENSE PLATE AUTHORIZATION AFFIDAVIT

MAIL TO: Seminole County Tax Collector PO Box 630 Sanford FL, 32772

Owner Information:	License Plate Number(s) to Surrender:
Name of Registered Owner(s)	·
Address	
City State Zip	
Driver License Number	
(Owner's Name)	authorize (Person Appointed – must provide identification)
to surrender license plate and decal for the ab-	
☐ I attest that the license plate	the above listed plate(s) to be surrendered by mail is lost/destroyed/stolen. If found the license
plate will not be affixed to any motor vehicle.	
Reason for surrender:	
☐ Sold vehicle	
☐ Moved out of state	
☐ Removed insurance from vehicle	
☐ Applying for refund	
Other	
true. I understand that a person who knowing	e read the foregoing document and certify that the statement is ly makes a false declaration is guilty of the crime of perjury by degree, punishable as provided in Florida Statutes 775.082,
Signature of Owner	Date
Signature of Co-Owner	 Date