

SURRENDER LICENSE PLATE AUTHORIZATION AFFIDAVIT

MAIL TO: Seminole County Tax Collector

PO Box 630 Sanford FL, 32772

If faxing/emailing, owner must provide copy of identification

Owner Information:

License Plate Number(s) to Surrender:

Name of Registered Owner(s)

Address

City State Zip

Driver License Number

I, _____ authorize _____
(Owner's Name) (Person Appointed – must provide identification)
to surrender license plate and decal for the above listed plate(s).

I authorize the license plate and decal for the above listed plate(s) to be surrendered by mail.

I attest that the license plate _____ 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 _____

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, 775.084.

Signature of Owner

Date

Signature of Co-Owner

Date