



Doug Belden, Tax Collector

## Application for Title Training Class

---

Date of Request: \_\_\_\_\_ Class Date Preferred: \_\_\_\_\_

**Type of Business: (Please check all that apply)**

Dealership: Franchised  Independent   
Title Service  Financial Institution

**Types of Transactions you complete: (Please check all that apply)**

Motor Vehicles  Heavy Trucks  Mobile Homes   
Motorcycles  Vessels   
Other (please specify) \_\_\_\_\_

---

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dealer License #: \_\_\_\_\_ Occupational License # \_\_\_\_\_

Contact Name: \_\_\_\_\_

Attendee(s): \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Up to two

\_\_\_\_\_ Driver's License#: \_\_\_\_\_

**Please fax this completed form and a copy of your license to (813) 612-6759.  
Reservation confirmation will be sent to you after we receive a copy of your license  
or dealer training certificate.**

Rev. 3/23/04