



STANDARD DROP-OFF TRANSACTIONS

DATE DROPPED OFF: _____ TIME: _____

DEALER / TITLE SERVICE NAME: _____

CONTACT PERSON NAME & TELEPHONE NUMBER: _____

CHECK PAYABLE TO DEALER TAG AGENCY CHECK # _____

WHAT IS THE DEALER PIN #? (LICENSED DEALERS ONLY) _____

NUMBER OF TRANSACTIONS SUBMITTED (NOT TO EXCEED 5 PER CHECK) _____

BRANCH DROP OFF/PICK UP LOCATION:

TITLE # OR CUSTOMER NAME (LAST NAME ONLY)	FAST TITLE	T I T L E O N L Y	NEW PLATE	TRANSFER PLATE (LIST TAG #) & NON USE AFFIDAVIT	EXTEND TAG	NO TITLE REG ONLY BOAT/UTILITY TRAILERS)
1.					YES/NO	
2.					YES/NO	
3.					YES/NO	
4.					YES/NO	
5.					YES/NO	

SIGNATURE OF PERSON PICKING UP WORK

DATE PICKED UP

**Dealer Tag Agency pick up/drop off times varies by location-please allow 72 business hours for processing.