



## 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.