

Authorization/ Release Affidavit

Owner Information:

Vehicle Description

Name of Registered Owner

Title Number

Address

Year

Make

City State, Zip

Vehicle Identification Number

Phone Number-Including area code

I _____ authorize _____
(Owner Name) (Person appointed)

to receive my title certificate or registration for the above described vehicle.

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 Fla. statues 775.082, 775.083 and 775.084

Signature of owner (s)

Date Signed