

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

MOTOR VEHICLE REGISTRATION ELIGIBILITY AFFIDAVIT / APPLICATION

1	APPLICANT INFORMATION				
Owner's Name		Owner's Sex <small>(For company, show "C" for sex)</small>	Date of Birth <small>(For company, show expiration month)</small>		
Street Address					
City		State	Zip		
Co-Owner's Name		Co-Owner's Sex <small>(For company, show "C" for sex)</small>	Date of Birth <small>(For company, show expiration month)</small>		
Street Address					
City		State	Zip		
Owner's Driver's License or FEID/Suffix Number		Co-Owner's Driver's License or FEID/Suffix Number			
Lessee's Name		Lessee's Sex <small>(For company, show "C" for sex)</small>	Date of Birth <small>(For company, show expiration month)</small>		
Street Address					
City		State	Zip		
Lessee's Driver's License or FEID/Suffix Number					
2	VEHICLE INFORMATION				
Current Decal Number	Vehicle Identification Number		Make of Vehicle	Year	Color
Florida Title Number	Current Florida License Plate Number	Type of Vehicle		Weight of Vehicle	
3	CERTIFICATION OF ELIGIBILITY				

I hereby certify my eligibility for the following (check the appropriate box listed below): Date _____

- Disabled Veteran or Disabled Veteran Wheelchair license plate**
- Non-resident Military** (Enclosed is a copy of my current orders which certify that my nonresident status has not changed.)
- 90-Day Temporarily Employed** (My signature below certifies that I am temporarily employed in Florida.)
- Forestry Products** (My signature below certifies that I am hauling unprocessed forestry products within a 150 mile radius of the above described vehicle's home address.)
- Agricultural or Horticultural Products** (My signature below certifies that the above described vehicle is not being operated as a "for-hire" vehicle and I am hauling unprocessed agricultural or horticultural products within a 150 mile radius of the above described vehicle's home address.)
- X-Series license plate**
- Other** _____

Under penalties of perjury, I certify and declare that I have read the foregoing document and that the facts stated in it are true.

SIGNATURE OF APPLICANT (OWNER)

SIGNATURE OF APPLICANT (CO-OWNER/LESSEE)

Check your local phone book government pages or visit the following website for current mailing addresses:

<http://www.flhsmv.gov/offices/>