

**STATE OF FLORIDA  
DIVISION OF MOTORIST SERVICES**

**CERTIFIED OFFICIAL WEIGHT AFFIDAVIT**

**NOTE: List Engine number for all vehicles prior to 1955 – List Identification Number for 1955 models or later**

DATE: \_\_\_\_\_

**This is to certify that I have personally weighed or supervised the weighing of the**

\_\_\_\_\_

(Year & Make of the Car, Truck, or Trailer)

\_\_\_\_\_

(Vehicle Identification/Motor Number)

(Body Type)

**and the said vehicle/trailer weighed \_\_\_\_\_ pounds.**

\_\_\_\_\_  
(Name of Person Who Owns the Vehicle/Trailer)

\_\_\_\_\_  
(Name of Business Where Scales are Located)

\_\_\_\_\_  
(Signature of Person Verifying the Weight of the Vehicle/Trailer)