

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
REQUEST FOR DIVISION OF MOTORIST SERVICES FORMS

TELEPHONE NUMBER FOR FORMS: 850-617-3001

ORGANIZATION CODE: 76210201110

FAX # 850-617-5139

PLEASE TYPE OR PRINT CLEARLY

ALL OF THE INFORMATION REQUESTED BELOW IS REQUIRED

LOCATION CODE # _____ DATE: _____

COUNTY NUMBER: _____ AGENCY NUMBER: _____ TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____ CONTACT NAME: _____

SHIP TO ADDRESS: _____

NAME OF TAX COLLECTOR OR LICENSE PLATE AGENCY: _____

SIGNATURE: _____
Tax Collector or Tag Manager

**** PLEASE READ CAREFULLY ****

The maximum number of cases we can ship per request is **10**, as we supply these forms to all counties and agencies.

The quantity requested of some forms may be reduced depending on availability and to ensure that we can supply forms to all counties and agencies.

FORM NO.	FORM TITLE	UNIT OF MEASURE	QUANTITY
82013	Certificate of Destruction (1,000 per case)	CASE	
82820	Labels Return for MV Titles & Registrations (pad of 100)	PADS	
82994	Motor Vehicle Dealer Title Reassignment Supplement (case of 600)	CASE	
82995	MV Dealer Power of Attorney/Odometer Disclosure (case of 800)	CASE	

All other department forms are available on the department's website.
www.flhsmv.gov