

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
INSURANCE COMPANY MOTOR VEHICLE OR VESSEL RELEASE STATEMENT
Please submit this form to your local tax collector office or license plate agency.

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

This form must be completed by the insurance company and provided to the appropriate independent entity or business.

Pursuant to s.319.30(9)(a), Florida Statutes, this completed and signed form authorizes the entity or business named in Section 3 to release the motor vehicle or vessel described below to the owner named in Section 1.

SECTION 1: OWNER-INSURED AND MOTOR VEHICLE OR VESSEL INFORMATION

Name of Owner:			Name of Insured, if different from owner:		
Mailing address of Owner:			Mailing address of Insured, if different from owner		
City:	State:	Zip:	City:	State:	Zip:
Vehicle Identification Number:		Year:	Make:	Title Number:	
Hull Identification Number:		Year:	Manufacturer/Make:	Date of Release:	

SECTION 2: INSURANCE COMPANY INFORMATION

Name of Insurance Company:		Telephone Number:
Mailing Address of Insurance Company:		
City:	State:	Zip:
Policy Number of Insured:	Claim Number of Insured:	

SECTION 3: INDEPENDENT ENTITY or BUSINESS INFORMATION

Name of Entity or Business:		Telephone Number:
Mailing Address of Entity or Business:		
City:	State:	Zip:

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

Signature of Authorized Insurance Agent:	Printed Name of Insurance Agent:
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