

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

## Insurance Company Motor Vehicle Release Statement

*(This form must be completed by the insurance company and provided to the appropriate independent entity/business.)*

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

### SECTION 1 (Owner-Insured/Vehicle Information)

Date of Release to Owner:			
Name of Owner:		Name of Insured (if different from owner):	
Mailing Address of Owner: Street:		Mailing Address of Insured (if different from owner): Street:	
Apt. #:	City:	Apt. #:	City:
State:	Zip:	State:	Zip:
Year:	Make:	Vehicle Identification Number:	Title Number:

### 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/Business Information)

Name of Entity/Business:		Telephone Number:	
Mailing Address of Entity/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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