## FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DEALER REQUEST FOR REGISTRATION STOP

SUBMIT THIS FORM BY FAX: 850-617-3946 OR EMAIL: UnPaidFeeStop@flhsmv.gov

Date of Request: This Form May A Be Mailed To:			Please Submit: 1. Dealer's Request form HSMV 82195 2. Certificate of Registration 3. Cash on Delivery (COD) form HSMV 83351 4. Buyer's Order or Dealer's Invoice
From:			
	(Dealer / Seller Name)		(Dealer License Number)
	(Dealer / Seller Street Address)		
	(Dealer / Seller City, State, Zip)		(Telephone Number)
RE:	Dealer Request for Registration Stop Pursua	ant to Secti	on 320.02 (17), Florida Statutes
Vehicle:			
	(Year, Mak	e, Model)	
	(Vehicle Identification Number)		
	(License Plate Number)		(Decal Number)
Owner(s):	(Owner Complete Name)		(Owner Driver License Number)
	(Co-Owner Complete Name)		(Co-Owner Driver License Number)
certify that the	amount owed for the vehicle registration fee pertaining to th	ne owner(s)	and the vehicle listed above have <u>not</u> been paid.
	Amount	Owed:	\$
ourchase of the vegistration of sa	any and all monies and/or trade-in equity received by purch wehicle referenced above. I further certify, that no portion of hid vehicle. I have also provided documentation clearly indic e applicable Florida vehicle registration fee.	f the down	payment was applied to the purchase of the tag or
Under penalties	of perjury, I/we declare that I/we have read the foregoing	; document	t and that the facts stated in it are true.
Dealership Autho	orized Representative Printed Name & Signature:		