STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE www.flhsmv.gov/offices/

APPLICATION FOR TEMPORARY LICENSE PLATE

THIS IS TO CERT	TIFY THAT _		Name(s) (Applicant/O	Co-Applicant)
				,
	Street A	Address (Post Office Box/D	rawer, If Applicable)	
ity			State	Zip
pplicant's Driver Licer	nse Number		Co-Appl	icant's Driver License Number
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		NOT VALII		Month/Day/Year
OR THE FOLLO	•			Month/Day/Year
OR THE FOLLO	WING MOTO	OK VEHICLE:		
Make of Vehicle	Туре	Color		Identification Number
:				
			Signature of Author	Identification Number ized Agent for Agency/Dealer, If applicate
:			•	
Name of Issuing Agency/I		se Number, If Applicable Street Address of Issuir	ng Agency/Dealer	ized Agent for Agency/Dealer, If applicat
: Name of Issuing Agency/I	Dealer & Dealer's Licen	se Number, If Applicable Street Address of Issuir	ng Agency/Dealer	ized Agent for Agency/Dealer, If applicat
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The original (accurately completed) of this form must be given to the APPLICANT. This form is issued to the applicant as a temporary permit and must be carried in his/her possession at all times while the vehicle is being operated with the temporary license plate (until expiration).

THE TEMPORARY LICENSE PLATE MUST BE DESTROYED WHEN:

- 1. The regular license plate is received by the applicant.
- 2. The temporary license plate expires.

A copy of this form must be retained by the authorized issuing agency for a least one (1) year.

WARNING: Any person unlawfully using any such temporary license plate or violating any rule or regulation issued by the Division of Motorist Services pursuant to this act shall be guilty of a misdemeanor of the second degree.

Check your local phone book government pages or visit the following website for current mailing addresses: http://www.flhsmv.gov/offices/