



REQUEST FOR DIVISION OF MOTORIST SERVICES FORMS

Phone: (850) 617-2900

Email: InventoryControlUnit@flhsmv.gov

FAX: (850) 617-5145

ORGANIZATION CODE: 76210201110

ALL OF THE INFORMATION REQUESTED BELOW IS REQUIRED: Type or Print Clearly

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 for Tax Collectors and License Plate Agents. For all others, the maximum amount is 3.

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