



## REQUEST FOR DIVISION OF MOTORIST SERVICES FORMS

Phone: (850) 617-2900

Email: [InventoryControlUnit@flhsmv.gov](mailto:InventoryControlUnit@flhsmv.gov)

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,  
LICENSE PLATE AGENCY, OR  
INSURANCE COMPANY: \_\_\_\_\_

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 Agencies. For all others, the maximum amount is 3.**

**All non-Tax Collectors and License Plate Agencies requesting forms must send a prepaid FedEx label for each box requested.**

**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](http://www.flhsmv.gov)**