



Receipt and Certificate of Disposal for Obsolete License Plates

The License Plates listed below were surrendered by one of the following:

(Name of Tax Collector/License Plate Agent and Agency #)	(Signature of the Agency Employee)
(Name of Driver License Office)	(Signature of the DL Employee)
(Name of Dealership and County Location)	(Signature of the Dealership's Employee)
(Other Source)	(Signature of the Employee)

BEGINNING LICENSE PLATE NUMBER	ENDING LICENSE PLATE NUMBER	TOTAL	BEGINNING LICENSE PLATE NUMBER	ENDING LICENSE PLATE NUMBER	TOTAL
GRAND TOTAL			GRAND TOTAL		

Plates received by: _____
(Name of Vendor/Company) (Date Received)

I certify that these license plates have been destroyed by me in accordance with Department procedures.

(Name of Vendor Employee) (Date of Disposal)

Once completed, please fax, mail, or email to the Revenue Audit Section:

Fax: (850) 617-5219 **Mail to:** Division of Motorist Services **Email:** RevenueAudit@flhsmv.gov
 Neil Kirkman Bldg, MS #24
 Tallahassee, FL 32399

Submit a copy with Plates to Pride. The surrendering Tax Collector, License Plate Agent, or DMS office must retain a copy of the completed form for their records for 12 months.