



# OUT OF BUSINESS AFFIDAVIT



## Division of Motor Vehicles (DMV) Department of Highway Safety and Motor Vehicles

**Date:** \_\_\_\_\_

This affidavit verifies that the **dealer license number** referenced below has been suspended, revoked or is otherwise **no longer valid in the State of Florida**.

**Dealer Information:**

Dealer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Dealer License Number: \_\_\_\_\_

**Consumer Information:**

Consumer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Vehicle Purchased Information:**

_____	_____	_____
Vehicle Make	Vehicle Model Year	Vehicle Identification Number (VIN)

**Vehicle Lien Holder Information:**

There is No **or** Lien Holder Name: \_\_\_\_\_  
 Lien Holder Lien Holder Address: \_\_\_\_\_  
 Lien Holder City/State/Zip Code: \_\_\_\_\_

**DMV Regional Administrator Information:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

DMV  
Regional Office Stamp

**Instructions:** Take this original Out of Business Affidavit to the local Tax Collector's Office along with originals or copies of all documents of proof of purchase.

**ONLY ORIGINAL AFFIDAVIT FORMS ARE VALID FOR ANY TRANSACTION**