

**FAST TITLE**

**AUTHORIZATION/RELEASE AFFIDAVIT**

**Owner Information:**

**Vehicle Description**

\_\_\_\_\_  
**Name of Registered Owner(s)**

\_\_\_\_\_  
**Title Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Year**

\_\_\_\_\_  
**Make**

\_\_\_\_\_  
**City State Zip**

\_\_\_\_\_  
**Vehicle Identification Number**

\_\_\_\_\_  
**Phone Number-Including area code**

I \_\_\_\_\_ authorize \_\_\_\_\_  
**(Owner's Name) (Person/Dealership Appointed)**

to receive my title certificate or registration for the above described vehicle.

**Under Penalties of perjury I declare that I have read the foregoing document and certify that the statement is true. I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Fla. Statutes 775.082, 775.083 and 775.084.**

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**Signature of Co-Owner**

THIS SECTION FOR TAX COLLECTOR USE ONLY

Date Processed	Control #	Initials
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