

## AUTHORIZATION / RELEASE AFFIDAVIT

Owner Information:

Vehicle/Vessel Description

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Year

\_\_\_\_\_  
Make

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Vehicle/Vessel Identification Number

\_\_\_\_\_  
Phone Number – Including Area Code

I \_\_\_\_\_ authorize \_\_\_\_\_  
(Owner's Name) (Person 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 Florida Statutes 775.082, 775.083, and 775.084.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date