

AUTHORIZATION FOR RELEASE OF FAST TITLE

This is to certify that I _____ hereby authorized
Applicant
_____ to receive my Florida Certificate of Title to the
Recipient

vehicle/vessel/mobile home described below:

Year _____ Make _____

Title Number _____ VIN/HIN _____

I fully understand that by completing and signing this document, I give authorization to the person named as recipient to receive my original Florida Title Certification from the Duval County Tax Collector's Office.

Signature of Applicant

Date

Sworn and subscribed this _____ day of _____ 20_____

Signature of Notary

Commission Expires

Printed Name of Notary

Please Note: Applicant must complete this form in its entirety prior to processing. The recipient must present a pictured ID.