STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

(Date)				
We hereby name and appoint,	/Full asilis D	inte d Name in D		, to be my/
	, ,	inted Name is Re	. ,	
awful attorney-in-fact, to act for me/us, in apply or record a lien to the motor vehicle, mobile how name, in my/our behalf. My attorney-in-fact ca nstrument and to bind me/us in as sufficient a and signing the same.	me or vessel desc in also do all thing	ribed below, and s necessary to the	to print my/our le application or	name and sign thei any other related
Nith full power of substitution and revocation, I awfully do or cause to be done in the virtue he		and confirm what	ever my/our said	l attorney-in-fact m
CHECK ONE:	Motor Vehicle	☐ Mobile H	lome U	essel
Year Make/Ma	anufacturer	Body Type	Title I	Number
THAT THE FACTS STATED IN IT ARE TRUE	CLARE THAT I/W	E HAVE READ		NG DOCUMENT A
UNDER PENALTIES OF PERJURY, I/WE DEGINAT THE FACTS STATED IN IT ARE TRUE X (Signature of Owner "Grantor")	CLARE THAT I/W	(Legibly Printed	THE FOREGOIN d Name of Owner "G	Grantor")
JNDER PENALTIES OF PERJURY, I/WE DEITHAT THE FACTS STATED IN IT ARE TRUE	CLARE THAT I/W	(Legibly Printed	THE FOREGOIN	Grantor")
JNDER PENALTIES OF PERJURY, I/WE DEGINAT THE FACTS STATED IN IT ARE TRUE X (Signature of Owner "Grantor")	CLARE THAT I/W	(Legibly Printed	THE FOREGOIN d Name of Owner "G	GRANG DOCUMENT A
JNDER PENALTIES OF PERJURY, I/WE DETITION OF THAT THE FACTS STATED IN IT ARE TRUE X (Signature of Owner "Grantor") (Driver License, Identification Card or FEID Number for Or	CLARE THAT I/W	(Legibly Printed	THE FOREGOIN Id Name of Owner "G Birth for Owner, if ap State)	irantor") pplicable)
UNDER PENALTIES OF PERJURY, I/WE DETHAT THE FACTS STATED IN IT ARE TRUE X (Signature of Owner "Grantor") (Driver License, Identification Card or FEID Number for Owner's Address)	CLARE THAT I/W	(Legibly Printed (Date of Legibly Printed Name	THE FOREGOIN Id Name of Owner "G Birth for Owner, if ap State)	orantor") (Zip) tor," if applicable)

(a) the title is physically being held by the lienholder; or

(b) the title is lost.

NOTE: A licensed dealer and his/her employees are considered a single entity.

Check your local phone book government pages or visit the following website for current mailing addresses: http://www.flhsmv.gov/offices/

HSMV 82053 (Rev. 12/11) S