

PERMISSION TO SURRENDER/CANCEL LICENSE PLATE

DATE _____

I, _____
(Printed Name of Registered Owner)

DL# _____

FLORIDA LICENSE PLATE # _____

GIVE _____
(Printed Name of Person Turning in the License Plate)

PERMISSION TO TURN IN MY FLORIDA LICENSE PLATE AND REGISTRATION
IN ACCORDANCE WITH THE FLORIDA INSURANCE REFORM ACT OF 1988,
CHAPTER 627, FLORIDA STATUTES.

(Signature of Registered Owner)