Stan Colie Nichols
Tax Collector - Santa Rosa County
6495 Caroline Street Suite E
Milton FL 32570
PH: 850.983.1800 FAX: 850.623.8655

TEMPORARY LICENSE PLATE APPLICATION

Please Note: Temporary tags are $5.00 each.

Application and ALL documents must be sent to TITLES@SRCTC.com from your .MIL or .GOV account

APPLICANT INFORMATION

Owner's Full Name: _____

Florida Driver License/ID Number: _____

Current Mailing Address: _____

Telephone Number: _____

Email: _____

VEHICLE INFORMATION

Year: _____ Make: _____

Model: _____ Color: _____

Vehicle Identification Number (VIN): _____

REQUIRED DOCUMENTATION

Please submit the following with this application:

☐ Proof of vehicle ownership

☐ Proof of Insurance for the vehicle

☐ Copy of your Florida Driver's License

☐ Current military orders showing assignment outside the State of Florida

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PAYMENT

Payment is required before your application can be processed. To avoid delays and ensure timely processing, please choose one of the following payment options:

☐ Payment Authorization Form (Page 2) ☐ Call for Payment

MILITARY RESIDENCY CERTIFICATION

☐ *I certify that I am a Florida resident serving in the United States Armed Forces and stationed outside the State of Florida. I am requesting a Temporary License Plate in accordance with applicable Florida law.*

☐ *I certify that the information provided is true and correct. I understand that false or misleading information may result in denial of this application and penalties under Florida law.*

Applicant Signature: _____

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Electronic Check/ Credit Card Authorization Form

CONTACT INFORMATION

Billing Address: _____

Phone Number: _____

Email Address (Optional – for electronic receipt): _____

Please complete only one of the payment sections below.

ACH (Electronic Check) AUTHORIZATION

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Bank Account: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type: ☐ Checking ☐ Savings

CREDIT AUTHORIZATION

Please complete the information in the box below to authorize credit card payment.

Please note: A 2.75% convenience fee applies to all credit card payments ($2.75 minimum)

Card Holder Name: _____

Card Holder address: _____

Card Number: _____

Expiration Date: _____ CVV _____

Under penalty of perjury, I, _____, hereby authorize the Santa Rosa County Tax Collector's Office to charge my selected payment method.

Maximum Authorized Amount (Not to Exceed): $ _____.

I certify that I am the authorized account holder or cardholder and that the information provided is true and accurate.

Signature: _____