

COMPLAINT FOR DECLARATORY JUDGMENT

PACKET FEE: \$1.80

THIS PACKET IS DESIGNED TO HELP PERSONS SEEKING TO REPRESENT THEMSELVES IN COURT WITHOUT THE ASSISTANCE OF AN ATTORNEY. IT IS MEANT TO SERVE AS A GUIDE ONLY. WE DO NOT GUARANTEE THAT EITHER THE INSTRUCTIONS OR THE FORMS WILL ACHIEVE THE RESULT DESIRED BY THE PARTIES OR ENSURE THAT ANY INDIVIDUAL JUDGE WILL FOLLOW THE PROCEDURE EXACTLY OR ACCEPT EACH AND EVERY FORM DRAFTED. ANY PERSON USING THESE INSTRUCTIONS AND FORMS DO SO AT HIS OR HER OWN RISK. FILING FEES ARE NON-REFUNDABLE.

****PLEASE NOTE****

FLORIDA LAW PREVENTS OUR STAFF FROM PROVIDING LEGAL ADVICE

FILING FEES:

UNDER \$100	\$55.00
\$101-\$500	\$80.00
\$501-2,500	\$175.00
\$2501-15,000	\$300.00
\$15,001- \$30,000	\$400.00

SUMMONS FEES IS \$10.00 PER SUMMONS

3% SERVICE CHARGE WILL BE ADDED WHEN USING DEBIT/CREDIT CARDS

IN ADDITION TO THE ABOVE STATED FILING AND SUMMONS FEE, A FEE WILL BE REQUIRED TO SERVE EACH DEFENDANT. THE SHERIFF OF WASHINGTON COUNTY CHARGES \$40.00 FOR EACH DEFENDANT SERVED.

READ ALL INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THE FORMS AND SUBMITTING THEM FOR FILING. DOCUMENTS MUST BE LEGIBLE, TYPE WRITTEN OR LEGIBLY HANDWRITTEN IN BLACK OR BLUE INK.

FOR FURTHER INFORMATION CONTACT THE CLERK OF COURT OFFICE AT (850) 638-6285. IF YOU HAVE LEGAL QUESTIONS, PLEASE CONSULT WITH AN ATTORNEY OR NORTHWEST FLORIDA LEGAL SERVICES.

FILING CHECKLIST

STEP ONE (FILE YOUR CASE)

COMPLAINT FOR DECLARATORY JUDGMENT AND RELIEF

- _____ Complete this form in its entirety, signing and dating as well
- _____ Attach a copy of your Bill of Sale
- _____ Attach a copy of documentation from Department of Highway Safety and Motor Vehicles (Tax Collector) showing the owner's name and last known address
- _____ Attach any other documentation proving your ownership
- _____ Make (3) three copies of all the documents listed above

SUMMONS FOR PERSONAL SERVICE

- _____ Complete this form

AFFIDAVIT VEHICLE TITLE APPLICATION

- _____ Complete this form

VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

- _____ Complete this form

STEP TWO (SERVE THE DEFENDANT)

The Clerk will provide you with the necessary copies to deliver to the Washington County Sheriff's Office and the copy to mail to the Department of Highway Safety & Motor Vehicles (Tax Collector).

Defendant has 20 calendar days to file his/her written defenses to the Complaint

If the Defendant DID NOT Respond BUT did get served:

MOTION FOR CLERK'S DEFAULT

- _____ Fill in the names of the Plaintiff and Defendant. Sign and print name, address & phone number or email address

MOTION FOR DEFAULT JUDGMENT

- _____ Fill in the names of the Plaintiff and Defendant. Sign and print name, address & phone number or email address

If the Defendant DID Respond:

The Judge will set a Hearing

If the Defendant is UNABLE to be served: If attempts to serve the Defendant were unsuccessful, you may serve the Defendant by publication in the local newspaper. The following forms are necessary:

AFFIDAVIT OF DILIGENT SEARCH

_____ Complete this form. Check all actions that were attempted. THIS FORM MUST BE NOTARIZED. THE CLERK'S OFFICE CHARGES \$10.00 FOR THIS SERVICE

NOTICE OF ACTION

_____ Complete this form. The clerk will sign and seal the document when it is filed. This document must be taken to Washington County News for publication. It must run in the paper once a week for four consecutive weeks. The newspaper will charge you a fee. The newspaper will provide you with a notarized affidavit of proof that the document was published according to the Florida Statutes. This document must be filed with the Clerk.

Along with the affidavit from the newspaper, you will need the following documents.

MOTION FOR CLERK'S DEFAULT

_____ Fill in the names of the Plaintiff and Defendant. Sign and print name, address & phone number

MOTION FOR DEFAULT JUDGMENT

_____ Fill in the names of the Plaintiff and Defendant. Sign and print name, address & phone number

The Clerk will submit the forms above to the assigned Judge for review.

IN THE COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
IN AND FOR WASHINGTON COUNTY FLORIDA

Plaintiff

CASE NO.:67-

Defendant

COMPLAINT FOR DECLARATORY JUDGMENT

Plaintiff, _____, files this complaint seeking a declaratory judgment and other relief pursuant to Sections 86 and 319, Florida Statutes, and alleges as follows:

1. This is an action requesting declaratory judgment and other relief involving the acquisition of a clear title for a _____
_____.
2. The Plaintiff is a resident of _____ County, Florida, and the owner of _____, purchased and paid for in _____, County, Florida.
3. The property has an estimated value of \$ _____, which is the jurisdictional amount of this Court.
4. This Court has jurisdiction in this matter.
5. On _____, the Plaintiff paid and purchased for the sum of \$ _____.
6. The VIN# is _____.
7. Upon Plaintiff's purchase of the _____, the owner, _____, did not give the Plaintiff the original title.
8. The Plaintiff has taken the following actions to secure legal title:

_____.
9. The Plaintiff has complied the requirements of the Department of Highway Safety and Motor Vehicles.
10. The Plaintiff has no alternative but to seek the intervention of this Court and request the Court grant relief in this matter.

WHEREFORE, Plaintiff requests this Court to take immediate jurisdiction in this matter, and

- A. Enter a declaratory judgment finding that based upon the circumstances outlined in this complaint that the document attached to this complaint is sufficient to facilitate the issuance of a duplicate title.
- B. Enter a declaratory judgment requiring the Department of Highway Safety and

Motor Vehicles to issue a duplicate title for:

_____, which is currently in the possession of the Plaintiff, as expeditiously as possible. This judgment would enable the Plaintiff to comply with the Florida law that requires the registration and licensing of this vehicle.

Dated this _____ day of _____, _____.

Plaintiff's Signature

Plaintiff's Printed Name

Address

Telephone Number & Email Address

I hereby certify that a copy of the above has been furnished by regular mail to State of Florida Department of Highway Safety and Motor Vehicles, 2900 Apalachee Parkway, Tallahassee, FL. 32399, this _____ day of _____, 20_____.

Plaintiff's Signature

STATE OF FLORIDA
COUNTY OF WASHINGTON
Sworn to or affirmed and signed before me on
by _____
(Date) (Name of Affiant)

- () Personally Known
- () Produced identification
- \ Type of identification produced:

NOTARY PUBLIC SIGNATURE

_____ (Print or stamp commissioned name of notary)

IN THE COUNTY COURT
IN AND FOR WASHINGTON COUNTY, FLORIDA

Case No. 67-

Plaintiff

-vs-

Defendant

SUMMONS FOR PERSONAL SERVICE ON INDIVIDUAL

TO: DEFENDANT

FROM: PLAINTIFF

CHIPLEY, FL 32428

CHIPLEY, FL 32428

A lawsuit has been filed against you. You have 20 calendar days after this Summons is served on you to file a written response to the attached Complaint with the Clerk of the Court.

A telephone call will not protect you. Your written response, including the case number given above and the names of the parties, must be filed if you want the court to hear your side of the case. If you do not file your response on time, you may lose the case, and your wages, money, and property may thereafter be taken without further warning from the court. There are other legal requirements. You may want to call an attorney, if you do not know an attorney you can call an attorney referral service or legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the court, you must also mail to take a copy of your written response to the Plaintiff named above

To the State of Florida:

To Each Sheriff of the State: You are commanded to serve this Summons and a copy of the Complaint in this lawsuit on the above named Defendant.

Dated on:

LORA C. BELL
Clerk of Court

BY: _____
As Deputy Clerk

IN THE COUNTY COURT, FOURTEENTH JUDICIAL CIRCUIT
IN AND FOR WASHINGTON, COUNTY, FLORIDA

CASE NO. _____

AFFIANT:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

TELEPHONE: _____ EMAIL ADDRESS: _____

VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____ BODY: _____

VEHICLE IDENTIFICATION NUMBER (VIN): _____

PURCHASE PRICE: \$ _____ VALUE, \$ _____ DATE OF PURCHASE: _____

AMOUNT OWED ON VEHICLE \$ _____

PURCHASED FROM: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

I did not receive title at the time of purchase because: _____

I cannot receive title at this time because: _____

I have conducted a diligent search in accordance with the attached Affidavit of Diligent Search.

**I have attached a letter from my county's Sheriff's Office, dated not more than 30 days from today's date, confirming this vehicle has not been reported stolen.

Date: _____ Signature of Affiant: _____

STATE OF FLORIDA
COUNTY OF WASHINGTON

Sworn to or affirmed and signed before me on _____ by _____.

() Personally Known () Produce Identification: Type of ID _____

Notary Public Signature

IN THE COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
IN AND FOR WASHINGTON COUNTY FLORIDA

Case No. 67-

Plaintiff

-vs-

Defendant

MOTION FOR CLERK'S DEFAULT

Plaintiff asks the Clerk to enter a default against Defendant(s), for failing to respond as required by law to Plaintiff's Complaint.

Dated: _____

Plaintiff's Signature

Plaintiff's Printed Name

Address

Telephone Number & Email Address

DEFAULT

A default is entered in this action against the Defendant for failure to respond by law.

Dated: _____

LORA C. BELL
Clerk of Court, Washington County

By: _____
Deputy Clerk

IN THE COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
IN AND FOR WASHINGTON COUNTY FLORIDA

Case no. 67-

Plaintiff

-Vs-

Defendant

MOTION FOR DEFAULT JUDGMENT

Plaintiff asks the Court to enter a Default Final Judgment against Defendant(s) for Declaratory Judgment and says:

1. Plaintiff(s) filed a Complaint for Declaratory Judgment against Defendant(s).
2. Defendant(s) has failed to timely file an answer, and a default has been entered by the Clerk of this Court.

WHEREFORE, Plaintiff(s) asks this Court to enter Default Final Judgment for Declaratory Judgment against the Defendant(s).

Dated: _____

Plaintiff's Signature

Plaintiff's Name

Address

Telephone Number & Email Address



FLORIDA HIGHWAY SAFETY AND MOTOR VEHICLES

DIVISION OF MOTORIST SERVICES
 2900 Apalachee Parkway, Room B231, Mail Stop 57
 Neil Kirkman Building - Tallahassee, FL 32399

MOTOR VEHICLE, VESSEL AND MOBILE HOME RECORDS REQUEST

FEES ARE REQUIRED AT TIME OF REQUEST AND ARE PAYABLE TO DIVISION OF MOTORIST SERVICES.
 PLEASE ALLOW A 2-WEEK PROCESSING TIME FROM THE DATE WE RECEIVE THIS REQUEST.

Requester's Information:

Name of Requester	Date of Request	Reference # (Case/File Name)
Street Address	To receive personal information, provide the exemption number(s) above from the list on the back of this form - * If you request your own personal information, see note below.	Email Address
City	State	Zip
		Fax Number

Under penalty of perjury, I affirm that I am entitled to receive this information and understand that I may not redisclose this information, except as provided in section 119.0712(2), Florida Statutes, and the Driver's Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.

Signature of Requester or Contact Person	Telephone Number
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***NOTE: If requesting your own personal information you must sign this request.**

Type of Record Request: Motor Vehicle Vessel Mobile Home Last known address

Certified Record Request (An additional \$3.00 is required per record) *(Records are available up to 10 years. You may attach a separate sheet for additional requests.)*

CURRENT REGISTRATION REQUEST - \$.50 Each

VIN/HIN Number	Make	Year	Title Number	License Plate or FL #
<input type="checkbox"/> Current	OR	<input type="checkbox"/>	(as of): Month Day Year	

TITLE RECORD REQUEST (By Vehicle/Vessel Identification Number or Title Number Only)

VIN/HIN Number	Title Number
<input type="checkbox"/> Title History Printout (lists owner(s) of vehicle) - \$1.00 <input type="checkbox"/> Specific Title Transaction - \$1.00 Per Page (Month, Day and Year)	<input type="checkbox"/> Complete Title History (scanned Images)- \$25.00 We request \$25.00 as initial payment for each record. The fee is \$1 per page. If additional fees are required, we will contact you.

MOTOR VEHICLE RECORD REQUEST BY NAME AND PERSONAL INFORMATION - \$.50 Each

First	Middle	Last	Date of Birth	Driver License/ID number
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DRIVER'S PRIVACY PROTECTION ACT EXEMPTIONS

Pursuant to section 119.0712(2), F. S., personal information in motor vehicle and driver license records can be released for the following purposes, as outlined in 18 United States Code, section 2721.

Personal information referred to in subsection (a) shall be disclosed for use in connection with matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls, or advisories, performance monitoring of motor vehicles and dealers by motor vehicle manufacturers, and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of titles I and IV of the Anti Car Theft Act of 1992, the Automobile Information Disclosure Act (15 U.S.C. 1231 et seq.), the Clean Air Act (42 U.S.C. 7401 et seq.), and chapters 301, 305, and 321-331 of title 49, and, subject to subsection (a)(2), may be disclosed as follows:

1. For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.
2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers.
3. For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only -
 - (a) to verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and
 - (b) if such information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
4. For use in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.
5. For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, redisclosed, or used to contact individuals.
6. For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating or underwriting.
7. For use in providing notice to the owners of towed or impounded vehicles.
8. For use by any licensed private investigative agency or licensed security service for any purpose permitted under this subsection.
9. For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under chapter 313 of title 49.
10. For use in connection with the operation of private toll transportation facilities.
11. For any other use in response to requests for individual motor vehicle records if the State has obtained the express consent of the person to whom such personal information pertains.
12. For bulk distribution for surveys, marketing or solicitations if the State has obtained the express consent of the person to whom such personal information pertains.
13. For use by any requester, if the requester demonstrates it has obtained the written consent of the individual to whom the information pertains.
14. For any other use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

If you have questions or need additional information, please contact the Department's Customer Service Center at (850) 617-2000.

Visit our website: www.flhsmv.gov

IN THE COUNTY COURT, FOURTEENTH JUDICIAL CIRCUIT IN
AND FOR WASHINGTON COUNTY, FLORIDA

CASE NO.: _____

AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY

I, (full name) _____, being sworn, certify that the following information is true:

1. I have made a diligent search and inquiry to discover the name and current residence of _____

Specify details of search. Identify all action taken (any additional information included such as the date the action was taken and the person with whom you spoke is helpful; attach additional sheet if necessary:

(Check all actions taken)

- United States Post Office inquiry through Freedom of Information Act, current address or any relocation.
- Last known employment of prior owner, including name and address of employer.

- Regulatory agencies, including professional or occupational licensing.
- Name and address of relatives and contacts with those relatives, and inquiry as to prior owner's last known address. (You are to follow any leads of any addresses where prior owner may have moved. Relatives included but are not limited to parents, brothers, sisters, aunts, uncles, cousins, nieces, nephews, grandparents, great-grandparents, former in-laws, stepparents, stepchildren.

- Information about prior owner's possible death, and if deceased, the date and location of the death.

- Telephone listings in the last known locations of prior owner's residence.
- Internet searches such as people finder
- Law enforcement arrest and/or criminal records in the last known residential area of prior owner.
- Highway Patrol records in the State of prior owner's last known address.
- Department of Motor Vehicles records in the state of prior owner's last known address.
- Department of Corrections records in the state of prior owner's last known address.
- Hospitals in the last known area of prior owner's residence.
- Utility companies, which include water, sewer, cable, TV and electric in the last known, area of prior owner's residence.
- Tax Assessor's and Property Records at Tax Collector's Office in the area where prior owner last resided.
- Other (explain): _____

2. The age of prior owner is (check only one): known (enter age) _____ unknown

3. Prior owner's current residence (check only one)

- Prior owner's current residence is unknown to me.
- Prior owner's current residence is in a state or country other than Florida, and prior owners last known address is

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Dated: _____

Signature of Affiant: _____

Printed name of Affiant: _____

Address of Affiant: _____
(Street Address)

(Address including City, State, Zip)

Telephone Number _____

STATE OF FLORIDA
COUNTY OF WASHINGTON

Sworn to or affirmed and signed before on _____ by _____
(Date) (Name of Affiant)

(NOTARY PUBLIC Signature)

(Print or stamp commissioned name of notary)

- Personally Known
- Produced identification

Type of identification produced _____

IN THE COUNTY COURT OF THE FOURTEENTH JUDICIAL CIRCUIT
IN AND FOR WASHINGTON COUNTY FLORIDA

Case No. 67-

Plaintiff

-Vs-

Defendant

NOTICE OF ACTION

TO:

DEFENDANT: _____

You are notified that an action for declaratory judgment has been filed against you and you are required to serve a copy of your written defenses, if any, on the Plaintiff, whose address is: _____ within 30 days from 1st publication of this notice, otherwise a default will be entered against you for the relief demanded in the Complaint.

Dated: _____

LORA C. BELL
Clerk of Court, Washington County

by: _____
Deputy Clerk

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
 DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

PART A - OWNER'S VEHICLE IDENTIFICATION AFFIDAVIT AND ODOMETER DECLARATION

(Completion of this part requires a physical inspection of the vehicle by the owner)

AFFIDAVIT:

DATE: _____

This is to certify that I, the undersigned, am the lawful owner of the motor vehicle described on this form and that I have, on the date entered above, made a physical inspection of the motor vehicle and have recorded the vehicle identification number and other identification information and the odometer reading and certification in the spaces provided on this form.

VEHICLE IDENTIFICATION (MOTOR NUMBER ALL MAKES THROUGH 1954 - IDENTIFICATION NUMBER 1955 AND LATER)

Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In

ODOMETER DECLARATION

WARNING: Federal and State law require that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I WE STATE THAT THIS 5 OR 6 DIGIT ODOMETER NOW READS , .XX (NO TENTHS) MILES, DATE READ _____ / _____ / _____ AND IWE HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING:

1. reflects ACTUAL MILEAGE. 2. is IN EXCESS OF ITS MECHANICAL LIMITS. 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

(Owner's Signature)

(Owner's Printed Name)

PART B – VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER

This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a Florida Notary Public, Licensed Dealer, Police Officer, or Florida Division of Motorist Services Employee or Tax Collector Employee. If an out-of-state motor vehicle dealer verifies the VIN, the verification must be submitted on their letterhead stationery. Complete this section on all used motor vehicles, including trailers, (with abbreviation of "TL" with a weight of 2,000 pounds or more) not currently titled in Florida.

I, the undersigned, certify that I have physically inspected the above described vehicle and find that the vehicle identification number on the vehicle to be identical to the vehicle identification number recorded on this form.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Date: _____ (Seal)

Commissioned Name of Florida Notary: _____ Notary's Signature: _____
(Print, Type or Stamp)

If other than a Notary, check the box below that applies, and sign and complete the corresponding fields. Verified by:

Florida Compliance Examiner/Inspector(DMS/TC Employee) Law Enforcement Officer Florida Licensed Dealer

Signature: _____ Printed Name: _____

Florida Compliance Examiner/Inspector Name: _____ Badge or ID #: _____

Law Enforcement Agency Name: _____ LEO Badge #: _____

Florida Dealer Name: _____ Florida Dealer #: _____

◆ **NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT** ◆

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON OR AUTHORIZED AGENT OF ANY PERSON REQUIRED TO MAKE APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION.

WHEN SHOULD THIS FORM BE COMPLETED?

ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS NOT CURRENTLY TITLED IN FLORIDA, WITH A NET WEIGHT OF 2,000 POUNDS OR MORE.

WHEN SHOULD THIS FORM NOT BE COMPLETED?

WHEN CERTIFICATE OF TITLE IS BEING APPLIED FOR ON ONE OF THE FOLLOWING:

1. NEW MOTOR VEHICLE, REGARDLESS OF WHETHER PURCHASED IN FLORIDA OR OUT-OF-STATE
2. MOBILE HOME
3. TRAILER OR SEMITRAILER WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS
4. TRAILER TYPE RECREATIONAL VEHICLE (TRAVEL TRAILERS AND CAMP TRAILERS)
5. OFF-HIGHWAY VEHICLE

VIN VERIFICATION BY AN OUT OF STATE MOTOR VEHICLE DEALER:

IF THE VEHICLE IDENTIFICATION NUMBER (VIN) IS VERIFIED BY AN OUT-OF-STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY.

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