

Request for Authentication of License Plate

Owner Name:		Date of Birth:	Sex:	
Florida Address:				
Co-Owner Name:		Date of Birth:	Sex:	
Vehicle Identification Number (VIN):		Title Nui	Title Number:	
Year:	Make:	License Plate Nu	License Plate Number:	
I am requesting au	uthentication of the lice	nse plate listed above and certif	y the following:	
•	sted vehicle is a car, mo red in 1975 or earlier.	torcycle, or pick-up truck weighi	ng 5,000 lbs. or less,	
	sted license plate has no nt purposes.	ot been refurbished in any way a	nd is legible for law	
The license	e plate requested is fron	n the same model year as the ve	hicle.	
Under penalties of stated in it are tru		have read the foregoing docum	ent and that the facts	
Signature:				
Printed Name:				
Date:				
Phone:	Em	ail:		
To be completed by	office: Mgmt. Initials	Appt. Date/Time		

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