



SALES RECEIPT#
 DATE:
 BACKTRACK USE ONLY, LEAVE BLANK.

LOST FLORIDA PLATE OR DECAL COURIER FORM

Name on Registration _____ Requested by: _____

Requestor DL#: _____ or Social: _____ - _____ - _____

Contact Ph. # for Requestor: _____ Name (if different): _____

*****Select the service(s) needed & include information needed for that service.*****

NOTE: A copy of a Drivers License (state does not matter), Power of Attorney (POA) and Application are REQUIRED

1. STOLEN/LOST/LOST IN TRANSIT - Plate or Decal (please circle)

VIN# _____ MAKE/MODEL _____ YEAR _____

Plate # (if known) _____

* (Original signatures on documents are required for this service; the documents can be sent Fedex, USPS, etc)

TO:

BackTrack Research
 4040 Desoto Farm Rd|
 Tallahassee FL 32309 (No Signature Required Please)

INTERNATIONAL FedEx-ONLY INTERNATIONAL OPTION B/C WHEN WE USED INTERNATIONAL USPS, WE RAN INTO TROUBLE WHEN PACKAGE ARRIVED AT CUSTOMS, LIKE EXTREME DELAYS ON DELIVERY AND THEN TRACKING THE PACKAGE OR GETTING HELP IS IMPOSSIBLE.IT'S A BIG MESS & ONLY USE FEDEX!* Puerto Rico, Hawaii & Alaska may use USPS Services below! *****

- USPS Express Mail (1-2 days) \$25.00
- USPS Priority Mail (2-3 days) \$9.00
- FedEx Overnight (SATURDAY DELIVERY) (\$40-65.00)
- FedEx Overnight (AM DELIVERY) (\$35-45)
- FedEx Overnight (PM DELIVERY) (\$30-45)
- FedEx 2-Day (STARTS @ \$20)
- FEDEX INTERNATIONAL PRIORITY
- USPS 1ST Class Mail-FREE

NOTE: IF YOU DON'T REGULARLY RECEIVE MAIL AT ADDRESS BELOW, GIVE/ADD A NAME THAT IS ASSOCIATED WITH THE ADDRESS

ATTN/NAME: _____

COMPANY OR _____

C/O: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

****REMEMBER MAILED or OVERNIGHTED ORIGINAL DOCUMENTS ARE REQUIRED FOR THIS SERVICE!!****

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)

I/We hereby name and appoint, Richard R. Ratcliff or Amber Keeler, to be my/our
(Full Legibly Printed Name is Required)

lawful attorney-in-fact, to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

CHECK ONE: Motor Vehicle Mobile Home Vessel

Year	Make/Manufacturer	Body Type	Title Number
Vehicle/Vessel Identification Number			

NOTICE TO OWNER(S): COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING.

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

* _____ (Signature of Owner "Grantor") _____ (Legibly Printed Name of Owner "Grantor")

(Driver License, Identification Card or FEID Number for Owner) (Date of Birth for Owner, if applicable)

(Owner's Address) (City) (State) (Zip)

* _____ (Signature of Co-Owner "Grantor," if applicable) _____ (Legibly Printed Name of Co-Owner "Grantor," if applicable)

(Driver License, Identification Card or FEID Number for Co-Owner) (Date of Birth for Co-Owner, if applicable)

(Co-Owner's Address) (City) (State) (Zip)

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the **buyer only** or the **seller only**. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (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/>

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

APPLICATION FOR REPLACEMENT LICENSE PLATE, VALIDATION DECAL OR PARKING PERMIT

(Instructions on Reverse Side)

1 REPLACEMENT TYPE REPLACEMENT REASON

Check applicable box below:

- License Plate
- Decal
- License Plate and Decal
- Disabled Person Long-Term Parking Permit
- Disabled Person Temporary Parking Permit

Check applicable box below:

- Damaged
- Defaced
- Lost
- Lost-in-transit (applied for and never received)
- Voluntary (specific reason for replacement) _____
- Surrendered/Seized
- Stolen

Please contact your Local County Tax Collector's Office or License Plate Agency for fee information.

2 OWNER / APPLICANT IDENTIFICATION

(Owner's Name) (Owner's Sex,
For company, show "C" for sex) (Date of Birth
Or Month of Expiration)

(Street Address)

(City) (State) (Zip)

(Lessee's Name) (Lessee's Sex,
For company, show "C" for sex) (Date of Birth
Or Month of Expiration)

(Street Address)

(City) (State) (Zip)

1st Owner D/L Number _____ 2nd Owner D/L Number _____

3 VEHICLE INFORMATION

(a)

(Vehicle Identification Number) (Year) (Make) (Color) (Type) (Title Number)

(b)

(Previous License Plate Number) (Previous Decal Number) (Previous Parking Placard Number)

4 ATTESTMENT

(CHECK WHEN APPLICABLE)

License Plate Decal Parking Permit was reported stolen to the: Police Department or Sheriff's Office

I hereby certify under the penalty of perjury that the license plate, decal or permit for the vehicle listed in Section 3 (a), is no longer or has never been in my possession for the reason checked in Section 1. All information herein is true and correct to the best of my knowledge.

(Owner/Applicant's Signature) (Date)

Complete the following, if applicable:

_____ was surrendered to the tax collector: _____
(License Plate, Decal, or Parking Permit Number) (County) (Agency)

(Signature of Agency Personnel) (Date)

PROCEDURES AND INSTRUCTIONS

Provision of Law:

Section 320.0607, Florida Statutes, provides for the replacement of license plates and validation decals when the original license plate or decal has been lost, stolen, defaced, damaged or lost in transit.

Application Requirements for a Replacement License Plate, Decal or Parking Permit:

Application for a replacement license plate, validation decal or parking permit should be submitted to the local county tax collector's office or license plate agency for processing. **However, if the application is for a "special license plate" not issued in the tax collector's office or license plate agency, it must be submitted to the Division of Motorist Services, Direct Mail & Title Correction Section, MS# 72, Neil Kirkman Building, Tallahassee, FL 32399.**

1. Form HSMV 83146, Application for Replacement License Plate, Validation Decal, or Parking Permit, accurately completed, by the owner/lessee.
2. Contact your local county tax collector's office or license plate agency for fee information.
3. A copy of the Florida vehicle registration certificate should be submitted for verification purposes.

Types of Replacement License Plates

Voluntary Replacement at time of Renewal:

An owner may, at any time during the registration period, replace a license plate; decal or parking permit. The replacement license plate fee is required in addition to the regular registration renewal fee, if the registration has expired.

Damaged:

A damaged license plate is when the license plate has sustained physical damage.

Example: A boat trailer struck the license plate and dented the letters or numbers, customer has waxed or pressure-washed the letters off of the license plate, etc.

Replacement fees are required, **unless** law enforcement has issued a citation to the customer. If a citation has been issued, the owner must surrender the damaged license plate to a local county tax collector's office or license plate agency (along with a copy of the citation) to obtain a replacement at no fee.

Defaced:

A defaced license plate is when the license plate has not sustained physical damage, but is unreadable for some other reason.

Example: The sun has faded the letters or numbers on the license plate.

Replacement fees are required, **unless** law enforcement has issued a citation for the defaced license plate. The owner must surrender the defaced license plate to a local county tax collector's office or license plate agency (along with a copy of the citation) to obtain a replacement at no fee.

Lost (not stolen):

Replacement fees are required.

NOTE: A lost personalized license plate may be issued with the same characters.

Lost in Transit:

License plates, decals or parking permits lost in the mail may be replaced at no fee, if the application is made within 180 days from the date of issuance.

Stolen (not lost):

The applicant must certify in Section 4, on the form HSMV 83146, that the item was reported to law enforcement as being stolen. The replacement will be issued at no charge.

NOTE: A personalized replacement license plate may be issued with the same characters if the law enforcement agency provides the applicant with a statement that such license plate has been removed from the FCIC and NCIC computer files.

Surrendered or Seized:

Applications for replacement of surrendered or seized license plates or parking permits must include a letter of clearance or a receipt from the Division of Motorist Services.

Check your local phone book government pages or visit the following website for current mailing addresses:

<http://www.flhsmv.gov/offices/>

Credit Card Authorization Form

I _____ (Print Name), hereby authorize Backtrack Research, LLC, to charge my credit card for the amount(s) owed or discussed with Backtrack Research representatives. I certify that my credit card may be used to cover any and all amounts owed to Backtrack Research. I further certify that by my signature below, I accept personal liability for any amounts owed to Backtrack Research. I understand that it is my responsibility to review my monthly charges upon receipt and promptly notify Backtrack Research, in writing, of any erroneous or unauthorized payments. As the credit card holder, I authorize Backtrack Research to charge my credit card for all amounts owed.

If customer is not the credit card holder, please enter customer name: _____

Customer Name

Credit Card Holder Signature

Date

Fla. DHSMV Fee \$ _____

Courier Fee + \$ 40.00

Delivery Fee (if applicable) + \$ _____

Total Amount Charged = \$ _____

Delivery charges vary based on option chosen & will be added on to your total accordingly.

Credit Card & Billing Information

Credit Card Holders Name

Contact Phone Number

Billing Street Address

City

State

Zip

Credit Card Acct #

Expiration Date

CVC Code:

3 digit- Visa, MC, Disc (Back)
4 digit- Ameri Exp (Front)

___ Visa ___ MasterCard ___ American Express ___ Discover