



FloridaVehicleRegistrationService.com

another Full Featured Service Provided by

Fast Forward Systems

414 NW Knights Ave Lake City, FL 32055-7247

Phone 407 701 7002

E-Mail mail@floridavehicleregistrationservice.com

PRINT A DUPLICATE COPY OF YOUR FLORIDA VEHICLE TITLE

Use this package when you have a previously issued Florida vehicle title and wish to have a duplicate copy printed and mailed to you at your current location provided as follows.

Enter requested information and return these pages to us via USPS at the above address.

PRIOR TO ORDERING THE PRINTING OF YOUR DUPLICATE TITLE, PLEASE CONTACT YOUR LIENHOLDER AND VERIFY THAT THE LIEN SATISFACTION HAS BEEN RECORDED.

Telephone number where you may be reached _____

Your Email address _____

Mail completed work to _____

CITY _____ **STATE** _____ **ZIP** _____

ITEM ONE- ORIGINAL POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOTOR HOME OR VESSEL

Please press CTRL key and click here <https://www.flhsmv.gov/pdf/forms/82053.pdf> to download the Florida vehicle Power of Attorney.

Complete one for each owner and each co-owner of each vehicle, motor home or vessel. Yes, it says owner/co-owner on the form but they mean separate forms, so send one with the owner and a second form with the co-owner.

PLEASE LEAVE NAME ON TOP LINE BLANK. WE WILL INSERT OUR REPRESENTATIVE NAME HERE.

NO ERRORS OR CORRECTIONS ARE ALLOWED ON THIS FORM.

WE NEED THE ORIGINAL DOCUMENT WITH THE SIGNATURE (PREFERRABLY BLUE) IN "WET" INK. COPIES OR OTHER FACSIMILES WILL BE REJECTED BY DMV.

POA DOES NOT HAVE TO BE NOTARIZED.

ITEM TWO - COPY OF DRIVER LICENSE OF OWNER

If your License is not valid and current, you will need to make it valid and current.

Owner Name as it appears on Driver License _____

Driver License Number _____ State _____ DOB _____

Your Florida address _____

CITY _____ STATE _____ ZIP _____

ITEM THREE – COPY OF YOUR FLORIDA VEHICLE REGISTRATION

OR OTHER GOVERNMENT ISSUED DOCUMENT SHOWING OWNERS NAME AND VIN NUMBER OF VEHICLE

The address on this form is not required to match your current address or location.

ITEM FOUR –TRANSACTION COST WORKSHEET AND REMITTAL ADVICE

Enter your selection for services to be provided.

SERVICE FEES

Print Duplicate Florida Title Service Fee (includes all fees except Priority or Express Handling) \$ 199.00

HANDLING FEES

Standard Handling provides for all work to be completed as soon as time allows and final work product returned to you via first class mail.

Priority handling puts your work order on top of the queue and allows the final work product to be returned to you via USPS Priority Mail.

Express handling puts your work order on top of the queue and allows the final work product to be returned to you via USPS Express Mail.

IF YOU ARE OUTSIDE THE US, EXPRESS HANDLING WILL APPLY AND YOUR TITLE WILL BE SENT INTERNATIONAL FIRST CLASS

IF YOU WISH US TO USE UPS OR FEDERAL EXPRESS TO RETURN THE TITLE TO YOU, PLEASE SELECT STANDARD HANDLING AND INCLUDE A SELF ADDRESSED PREPAID ENVELOPE FROM THE CARRIER OF YOUR CHOICE.

If Standard Handling then enter zero. PRIORITY HANDLING Enter \$14.00 EXPRESS HANDLING Enter \$33.00 \$ _____

TOTAL DUE – \$ _____

If Paying by Check or Money Order, make payable to: Fast Forward
414 NW Knights Ave
Lake City, FL 32055-7247

ACKNOWLEDEMENTS

Read and sign.

I hereby appoint Fast Forward Systems as my agent to take whatever actions are necessary to provide a duplicate of my Florida Vehicle Paper Title and I agree to release and hold harmless its agents, directors, shareholders, employees, legal representatives, successors, or assigns from any liability which may arise from these actions. I have researched and fully understand the laws that are applicable to my situation and agree to pay all taxes that may be due any taxing authority as a result of these actions. I understand that all funds presented to Fast Forward are considered as deposits for work in progress, subject to bank fund clearance, and are fully refundable in the event the transaction is cancelled by Fast Forward Systems. In the event that I, or the State of Florida, cancel(s) this transaction prior to completion, I agree that Fast Forward Systems may retain their service fees and refund only the State portion of this transaction to me. By entering credit card information below, I certify that I am an authorized signer on the account and hereby give my permission to charge the credit card as required for all costs associated with this transaction including, but not limited to taxes, fees, handling fees, bank fees, transaction costs, delivery costs and collections costs.

TYPE OF CARD (Circle One) MASTERCARD VISA DISCOVER AMERICAN EXPRESS

NAME ON CARD _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CARD NUMBER _____ EXP _____ 3 digit code _____

SIGNATURE _____ DATE _____

FAST FORWARD...

-----Your TITLE Follows You.....ANYWHERE-----