

IN THE _____ COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA

Case Number: _____

**AFFIDAVIT
VEHICLE TITLE APPLICATION**

AFFIANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I would like the vehicle titled in the name(s) of: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Doors: _____

Vehicle Title Number: _____

Vehicle Identification Number (VIN): _____

Purchase Price of Vehicle: \$ _____ Dollar Value of Vehicle: \$ _____

Date of Purchase: ____/____/____ Do you owe money on this vehicle? No Yes

Has this vehicle been reported to law enforcement as being stolen? No Yes

I have attached a letter from the Pasco County Sheriff's Office, dated not more than 30 days from today, confirming that the vehicle has not been reported stolen.

PREVIOUS OWNER INFORMATION

I purchased the vehicle from: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Prior to the purchase, did you inquire about the title? No Yes

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

I cannot receive the title at this time because: _____

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

Dated: _____

Signature of Affiant

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20____ by _____ personally known to me (or who has produced
_____ as identification) and who appeared to me by physical presence
 by means of audio-video communication technology and who 0 did 0 did not take an oath.

NOTARY PUBLIC – STATE OF FLORIDA

Name: _____
Commission No.: _____
My Commission Expires: _____