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TAX COLLECTOR FOR INDIAN RIVER COUNTY

Dealer Transaction Worksheet

DEALER & CONTACT INFORMATION

Dealership Name: _____

PIN Number: _____ Date: _____

Customer Name(s): _____

Dealer Contact Person: _____

Dealer Phone Number: _____

Payment by: Check #: _____ **OR** Pre-Paid Advance Deposit Account

TITLE INFORMATION (IF LEFT BLANK, TITLE WILL REMAIN ELECTRONIC)

Title Only? YES NO *Cannot apply for "title only" if the customer received a temporary registration or temporary transfer of current plate

Title Status: FAST TITLE MAIL TITLE ELECTRONIC TITLE

Lienholder Name (if any): _____

PLATE & REGISTRATION INFORMATION ** (VALID INSURANCE MUST BE PROVIDED FOR APPLICABLE MOTOR VEHICLE TRANSACTIONS)

TRANSFER PLATE

OR

NEW PLATE (ORIGINAL)

Plate Number: _____

Extend Reg? NO YES, until: _____
(Year of Exp.)

Replace Plate? NO YES

Plate type:

Extend Reg? NO YES, until: _____
(Year of Exp.)

Sunshine State

Plate Type: _____

Indian River County

In God We Trust

Other: _____

INTERNAL USE ONLY BELOW THIS LINE

<input type="text"/> CLERK INITIALS DATE: _____ COMPLETED REJECTED	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<input type="text"/> CLERK INITIALS DATE: _____ COMPLETED REJECTED	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>