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TAX COLLECTOR FOR INDIAN RIVER COUNTY

Dealer Transaction Worksheet

Rev. 12/13/23

DEALER & CONTACT INFORMATION

Dealership Name: _____

PIN Number: _____ Date: _____

Customer Name(s): _____

Contact Person: _____

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)

REGISTRATION PERIOD: DO NOT EXTEND 1-12 MONTHS 13-24 MONTHS

TRANSFER PLATE

PLATE NUMBER: _____

REPLACE PLATE? YES NO

SUNSHINE STATE

INDIAN RIVER

IN GOD WE TRUST

OTHER: _____

NEW PLATE (ORIGINAL)

PLATE TYPE

SUNSHINE STATE

INDIAN RIVER

IN GOD WE TRUST

OTHER: _____

INTERNAL USE ONLY BELOW THIS LINE



CLERK INITIALS

DATE:

COMPLETED

REJECTED
