



DATE: _____ TRANSACTION SHEET								COMPLETED BY TAG OFFICE		
DEALER NAME: _____ LICENSE #: _____ PIN #: _____ APPLICANT'S NAME	TAG INFORMATION						FAST TITLE WITH AFFIDAVIT	DATE	P R O C E S S E D	R E J E C T E D
	TRANSFER		NEW TAG			T I T L E O N L Y		CLERK		
	R E N E W	TRANSFER ONLY PLATE #	01 TO 12 MOS.	13 TO 15 MOS.	2 Year					
1)										
2)										
3)										
4)										
5)										
6)										
7)										
8)										
9)										
10)										

OTHER MISC. INSTRUCTIONS:

CHECK # _____ AMT: _____

DEALER DEPARTMENT
 ST. LUCIE COUNTY TAX COLLECTOR
 (772) 462-3579 - Ft. Pierce
 (772) 337-5600 - Port St Lucie

 SUBMIT CURRENT REGISTRATION

 NO MORE THAN 10 TRANSACTIONS PER CHECK