



**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
*Serving Palm Beach County*  
*Serving you.*

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## SURRENDER LICENSE PLATE AFFIDAVIT

**License Plate Mailing Address:** Tax Collector, Palm Beach County  
 P.O. Box 3828  
 West Palm Beach, FL 33402-3828

**Drop Box Locations:** Drop Boxes are located in the lobby of all Tax Collector offices, which are open Monday - Friday 8:15 a.m. to 5:00 p.m. For locations visit [www.pbctax.com/locations](http://www.pbctax.com/locations).

**Owner/Registrant Name:** \_\_\_\_\_

**Owner/Registrant Driver License Number:** \_\_\_\_\_

**License Plate Number:** \_\_\_\_\_

**License Plate Surrender Date:** \_\_\_\_\_

**Reason Surrendered:**  Removed Insurance from Vehicle  Moved Out of State  Sold Vehicle  
 Other: \_\_\_\_\_

**I authorize the license plate and decal for the above listed plate(s) to be surrendered by mail.**

**Physical Plate Unavailable for Surrender due to:** Lost  Stolen  Destroyed

**I attest that the license plate \_\_\_\_\_ is lost/stolen/destroyed.  
 If found, the license plate will not be affixed to any motor vehicle.**

I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Florida Statutes 775.082, 775.083 and 775.084.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT  
 AND THAT THE FACTS STATED IN IT ARE TRUE.**

\_\_\_\_\_  
**Owner's Signature** \_\_\_\_\_  
**Date**

**If you are surrendering a license plate on behalf of the owner, you must complete this section.**

\_\_\_\_\_  
**Surrenderer's Name** \_\_\_\_\_ \_\_\_\_\_  
**Surrenderer's Signature** \_\_\_\_\_  
**Date**

**A copy of the person's Driver License/ID Card who is surrendering the license plate must be attached to this form.**