

**AMY L BLACKBURN, CFC**  
**HERNANDO COUNTY TAX COLLECTOR**  
20 NORTH MAIN STREET, ROOM 112  
BROOKSVILLE FL 34601-2892

Telephone – 352.754.4180

Fax – Brooksville 352.540.4380

Fax – Spring Hill 352.688.5089

**SUBJECT: REGISTRATION OF A VEHICLE/VESSEL WITH AN OUT-OF-STATE TITLE AND LIEN**

Our office, being authorized agents of the Florida Department of Highway Safety and Motor Vehicle pursuant to Section 320.03(1), Florida Statutes, has received a request from the person(s) whose name and address appear below, desiring to register a vehicle/vessel in the State of Florida. The customer has indicated that you are the lienholder or owner of the leased vehicle/vessel described below. In order for the vehicle/vessel to be registered in Florida, we require the customer to apply for a Florida title at the same time or to produce proof that the title is being held by an out-of-state lienholder who will not release the title to the State of Florida for titling purposes. Consequently, we request that you comply with **one** of the following options provided below:

1. Please mail the title to the address listed above. The Florida certificate of title will be issued with your lien recorded and will be mailed to you to retain until the lien is satisfied. A registration will be issued for the customer. **This is the method we prefer that you follow.** If you are a participating ELT lienholder please list your ELT account number below.
2. If you are unable to release the title, it will be necessary for you to send a copy of the title that you are holding, along with a letter on your letterhead stationery, which indicates there is still an outstanding lien on the vehicle/vessel. The year, make and vehicle/vessel identification number (VIN) of the vehicle/vessel must be included in the letter. A registration will be issued for the customer.

Your cooperation in this matter will be appreciated as the individual will be unable to register the vehicle without compliance with one of the above.

**Lienholders ELT Account #** \_\_\_\_\_

**Name and Address of Registered Owner:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Vehicle:**

**Year** \_\_\_\_\_ **Make** \_\_\_\_\_

**Vehicle Identification #**

**Telephone #** \_\_\_\_\_

\_\_\_\_\_

**\*\*\*If the above described vehicle is a lease, please provide the Florida sales tax registration number:**

