VOLUNTARY TRUST FUND CONTRIBUTIONS
Check box desired and add amount to total.

- ☐ $ _____ The ARC of Florida
- ☐ $ _____ Autism Programs
- ☐ $ _____ Best Buddies International, Inc
- ☐ $ _____ Blind Babies & Blind Youth Services
- ☐ $ _____ Child Safety Seat Fund
- ☐ $ _____ Childhood Cancer
- ☐ $ _____ Children's Hearing Help Fund
- ☐ $ _____ End Breast Cancer
- ☐ $ _____ End Hunger
- ☐ $ _____ Family First
- ☐ $ _____ Florida Sheriffs Youth Ranches, Inc.
- ☐ $ _____ Help the Homeless
- ☐ $ _____ League Against Cancer
- ☐ $ _____ Manatee Fund
- ☐ $ _____ Mothers Against Drunk Drivers
- ☐ $ _____ Organ and Tissue Donor Education
- ☐ $ _____ Prevent Blindness
- ☐ $ _____ Prevent Child Abuse
- ☐ $ _____ Prevent Child Sexual Abuse
- ☐ $ _____ Ronald McDonald House
- ☐ $ _____ Southeastern Guide Dogs Inc.
- ☐ $ _____ State Home for Veterans
- ☐ $ _____ Stop Heart Disease
- ☐ $ _____ Support Our Troops
- ☐ $ _____ Support Wildlife
- ☐ $ _____ Take Stock in Children
- ☐ $ _____ Transportation Disadvantage
- ☐ $ _____ Turtle Fund
- ☐ $ _____ TOTAL

ADDITIONAL PAYMENT OPTIONS

BY MAIL

Make your check payable and mail to:
Broward County Tax Collector
1800 NW 66th Ave Suite 100
Plantation, FL 33313-4523

IN-PERSON

8:30 a.m. 5:00 p.m.
Monday - Friday
1800 NW 66th Ave Suite 101
Plantation, FL 33313-4523
For tag agency locations, visit
www.county-taxes/broward

CHANGE OF ADDRESS

For P.O. Box numbers, please submit residential address below.

☐ Change of address:

_____

_____

INSURANCE AFFIDAVIT

Florida Law requires proof of auto insurance prior to registration. Completion of this affidavit is required. Under penalty of perjury.

I _____ certify that I have Personal Injury
Name of Insured

Protection, Property Damage Liability, and when required, Bodily Injury Liability Insurance currently in effect with _____
Company Name

_____ covering this vehicle.
Policy# 5 Digit ID Number

I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

Signature of Insured: _____

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.

MOTORCYCLES: Proof of Insurance is not required, however, persons 21 and older operating/riding without headgear will be required to provide proof of $10,000 medical insurance if requested by a law enforcement officer.

For Driver Privacy Protection Act Information Visit:
https://www.flhsmv.gov/privacy-statement/driver-privacy-protection-act/

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