Temporary Tag Record

State of Florida
Division of Motor Vehicles

Purchased From: _____ **Date:** _____

Temporary Tags Purchased - From No. _____ **To No.** _____

Dealer Name: _____ **Address:** _____

Temporary Tag No.	VIN	Year	Make	Name and Address	Date Issued	Stock Number

HSMV 84016 (rev. 01/05)S

*Please attach additional sheets if necessary.