



OKALOOSA COUNTY TAX COLLECTOR

701 E. John Sims Pkwy, Suite 202 Niceville, FL 32578

www.OkaloosaTax.com

Registration Renewal Information

Name(s) on registration: _____

Mailing Address: _____

Residence Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-mail Address: _____

Florida Driver License Number: _____

I would like to renew my tag for: One year Two years

Tag Number(s) of vehicle(s) you wish to renew: _____

VIN(s) of vehicle(s) you wish to renew: _____

Special request/Comments: _____

Form of payment:

Check – Made payable to Ben Anderson Tax Collector

Credit/Debit Card – We accept MasterCard, Discover and American Express (Bank Card User Fees will be added). For your privacy and security reasons, credit/debit card information cannot be included on this paperwork. Our office will contact you at the time of processing.

E-check (**Personal Checks Only**) - I give OCTC permission to process my payment as an E-check (Must provide a voided check or image thereof)

Please contact me if the total exceeds: \$_____.

Please sign here: _____

1250 N. Eglin Pkwy Suite 101
Shalimar, FL 32579

302 N. Wilson St, Ste. 101
Crestview, FL 32536



(850) 689-5700 (850) 651-7300

4012 Commons Dr. W Unit 122
Destin, FL 32541

701 E. John Sims Pkwy Ste. 202
Niceville, FL 32578

OKALOOSA COUNTY TAX COLLECTOR

www.okaloosatax.com

ATTENTION: ACTIVE DUTY MILITARY MEMBERS

The Division of Motor Vehicles in Tallahassee Florida issued a statement on December 27, 1995 exempting members of the United States Armed Forces assigned to duty outside Florida from the requirements to provide proof of Florida motor vehicle insurance when certain circumstances exist:

1. The motor vehicle owner, co-owner or registrant is a legal resident of Florida and subject to Florida motor vehicle registration.
2. The motor vehicle owner, co-owner or registrant is a member of the United States Armed Forces and stationed outside of Florida due to military orders.
3. The vehicle is garaged or operated outside the State of Florida.

When the above circumstances are applicable proof of Florida insurance will be waived provided the following documentation is submitted:

1. An out of state address for the Florida Vehicle Registration certificate.
2. Proof of active military status by submitting one of the following:
 - a. Copy of Military Orders or
 - b. An affidavit from the military members' commanding officer which confirms the military orders and date of assignment.
3. An affidavit stating the motor vehicle will not be operated in the State of Florida.
4. Proof of insurance by submitting one of the following;
 - a. Insurance card or
 - b. Insurance policy's declaration page

Please scan these documents with the registration certificate of renewal notice with the appropriate fees to: cspcscanner@okaloosatax.com or mail to our Niceville address. This process must be repeated each year at renewal time to be exempt from proof of Florida insurance. We apologize for any inconvenience and look forward to assisting you with the renewal of your vehicle registration.

Okaloosa County
Tax Collector Office

Certificate for a Florida Resident who is or who is the Spouse of an Active-Duty U.S. Military Member Currently Stationed in a State or Territory Other Than Florida

AFFIDAVIT

I _____, am an active-duty military member or the
(Name of Active-Duty Military member or his/her Spouse) spouse of an active-duty military member and reside with my spouse, and maintain the motor vehicle/vessel listed below while I am, or my spouse is stationed outside of Florida:

(Year) (Make of Vehicle/Vessel) (Vehicle/Vessel identification Number)

I certify that:

- I am, or my spouse is, an active-duty military member who is a Florida resident and who claims Florida as his/her home of record.
- I am, or my spouse is, an active-duty military member currently residing outside of Florida pursuant to military orders and, effective _____, stationed or posted in _____.
(Date) (State or Territory)
- The vehicle listed above is primarily maintained in the state or territory shown above where I am, or my active-duty military spouse is, stationed or posted.
- I, or my spouse, comply with the insurance or financial security requirements of the state or territory shown above where I am, or my active-duty military spouse is, stationed or posted.

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

(Signature of Military Member or Spouse)