



EFS Dealer Inventory Request

DATE: _____

DEALER: _____ LICENSE# _____

BLANK DECALS: QTY: _____

ST. LUCIE COUNTY TAGS (RGR) QTY: _____

SUNSHINE STATE TAGS (RGS) QTY: _____

FORMS: _____

COMPLETED BY:

(Signature) _____ DATE: _____

RECEIVED BY:

(Signature) _____ DATE: _____

NOTE: PLEASE VERIFY, SIGN AND EMAIL COPY OF FORM WITHIN 48 HOURS TO: dealerinfo@tcslc.com

This form is available at www.tcslc.com

Rev. 7/5/19

www.tcslc.com

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