	Mail To:
	Account Management Fuel Unit
ARTI	Florida Department of Revenue
	Florida Department of Revenue PO Box 5500
	Tallahassee FL 32314-5500

Assignment of Time Deposit

Please complete and submit an original form for each fuel product type or taxable pollutant. This form must be executed by the financial institution which holds the assigned time deposit. An applicant cannot be issued a fuel license by the Department until the proper security is submitted. An importer's bond is required in addition to a wholesaler's bond pursuant to Rule 12B-5.030, F.A.C. For additional information, contact the Account Management Fuel Unit at 850-488-6800.

For value received, as assignor, assigns to the (Name of applicant) Florida Department of Revenue as assignee all of its rights, titles, and interest in and to the principal sum of the certificate of deposit, certificate number , issued to the undersigned for a time period of _____ months by _____ (Financial institution name) located at as Depository (Financial institution address) (Financial institution FEIN) Interest or dividends on such principal sum shall be credited and paid monthly to the assignor. This assignment includes any substitutions, renewals, and additions to the account. This assignment is made as security in lieu of the bond required by Chapter 206. Florida Statutes, on fuel taxes payable to the Florida Department of Revenue and shall continue in force until released and discharged by the assignee, as provided by law. The assignor is engaged in business subject to the Florida Statute identified below: (Check the appropriate box.) □ Motor fuel pursuant to Chapter 206, F.S. □ Importer's bond pursuant to section 206.051, F.S. Diesel fuel pursuant to Chapter 206, F.S. Pollutants tax pursuant to Chapter 206, F.S. Aviation fuel pursuant to Chapter 206, F.S. Assignee is hereby authorized to charge against the above principal of time deposit account any and all fuel taxes which _____ together with any and all penalties and interest thereon. have been or may be incurred after ____ (Day/Month/Year)

Assignee may not by any inference or right charge against this time deposit account any tax, penalty, interest, or any other charge pertaining to the assignor's operations prior to ______.

(Day/Month/Year)

Depository must pay the full principal amount to the assignee upon demand and such payment shall constitute an acquittance of depository. The depository shall not pay any portion of the principal balance to the assignor until all obligations under Chapter 206, F.S., have been met and verified in writing by the assignee.

This Assignment of Time Deposit shall be effective as of the	day of,,		
Signed by:	Imprint Corporate Seal here:		
Date:			
Title:			
Acknowledgement of Depository: The signatures as show assignment will be honored and has been properly recorded			
(Officer signature)	(Date)		
For Department of Revenue Use Only			

(Name/Title)

Accepted:	

By: _

(Date)

_ Account No.: _____