SunPass CTD Transponder Request Form

FIRST Name: _____

MIDDLE Name: _____

LAST Name: _____

Address: _____

Apt/Unit #: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email: _____

Driver's License #: _____

State: _____

Date of Birth: _____

Vehicle Year: _____

Vehicle Make & Model: _____

Vehicle Color: _____

VIN #: _____

License Plate #: _____

Orange Toll Permit #: _____

Personal Identification Number* (PIN): _____

*Please enter a **confidential 4-digit PIN** in the space above. You will need this number to verify your identity when requesting account information.

I hereby agree to use the SunPass Prepaid Toll Program in accordance with the terms and conditions of the SunPass Customer Agreement. I understand that the SunPass Mini transponder must be permanently mounted to the inside of the windshield as prescribed in the User Manual supplied with the transponder. In addition, once removed from the windshield it will no longer function and cannot be reattached. The transponder will allow passage through SunPass lanes only without stopping. If I do not agree with the stated terms and conditions, I will return the SunPass transponder within 45 days for a refund.

_____

Signature

_____

Date

The cost of each Mini Transponder is $4.99 plus applicable sales tax.

Mini Transponder: $ 4.99

+ Applicable Sales Tax: (see rates below) $_____

Total Amount Enclosed: $_____

Sales Tax Rates by County

6.00% - Out-of-State and Citrus ($0.30)
6.50% - Hernando, Lee, Martin, St. Johns, St. Lucie, Volusia ($0.32)
7.00% - All counties not listed above or below ($0.35)
7.50% - Calhoun, Desoto, Escambia, Gadsden, Highlands, Jackson, Leon, Madison, Monroe, Osceola, Santa Rosa, Washington ($0.37)
8.00% - Liberty ($0.40)
8.50% - Hillsborough ($0.42)

Please select Option A or B to indicate your payment method:

☐ **OPTION A: CREDIT CARD or DEBIT CARD**

Please check one ___VISA ___MasterCard ___Discover ___AMEX

_____ _____

Credit/Debit Card Number Expiration Date

Signature _____

☐ **OPTION B: CHECK or MONEY ORDER**

_____ $_____

Check/Money Order Number Amount

Please make payable to:
FLORIDA DEPARTMENT OF TRANSPORTATION
(Cash Will Not Be Accepted)

Mail the Completed and Signed Application, a Copy of Permit Eligibility and Payment to:

SunPass Prepaid Toll Program
Attn: Reno Abbadini
7941 Glades Road
Boca Raton, FL 33434

******FOR OFFICE USE ONLY******

Date Received: _____

Application Complete: _____

Permit Eligibility Letter Enclosed: _____

Amount Received: _____

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