



## **C.A.T. CONSENT FORM**

### **CLAY COUNTY SHERIFF'S OFFICE**

**Sheriff Darryl Daniels**

I have volunteered to participate in the C.A.T. (Combat Auto Theft) program, an auto decal registration program, pursuant to Florida State Statute 316.008. I have received the C.A.T. decal that will be placed in the lower left corner of the rear window of the vehicle described below, which is registered to me.

I understand the presence of the decal, affixed to the inside left lower corner of the rear window of this vehicle, indicates to any law enforcement officer that this vehicle is not ordinarily operated between the hours of 1 a.m. and 5 a.m. If a law enforcement officer observes a person(s) operating or occupying my vehicle during these hours, he/she will reasonably suspect that such person is in possession of said vehicle without proper authorization. This knowledge permits the officer to stop the vehicle and conduct an investigation.

In these instances, police action will include the necessary precautions generally taken to protect officers when approaching a potentially stolen vehicle. I also understand that the officer is authorized to enforce any violations of the law.

I understand that in order to withdraw from participation in this program, I must fully remove the decal from my vehicle and return the withdrawal form (other side) to this issuing agency. I further agree to remove the decal prior to the sale or transfer of ownership of this vehicle. The decal is **not transferrable** from one vehicle to another. Each vehicle that I wish to register in this program must be issued a new decal by an appropriate law enforcement agency.

**I certify that I will inform any and all authorized vehicle operators of my participation in the C.A.T. Program and these conditions.**

I hereby consent and agree to abide by these procedures. I confirm that I have fully read and understand the above, and all information has been completed (on reverse side) prior to signing this consent form. I acknowledge receipt of the instruction and withdrawal form.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature                      Date                      Notary Public or Law  
Enforcement Representative

# Vehicle Information

**Decal #** \_\_\_\_\_

THE OWNER OF THE VEHICLE MUST COMPLETE THIS  
FORM TO ACTIVATE THE C.A.T. PROGRAM.  
(PLEASE PRINT)

Full Name: \_\_\_\_\_

\_\_\_\_\_ Male      \_\_\_\_\_ Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: (\_\_\_\_) \_\_\_\_\_

Work or Cell Phone #: (\_\_\_\_) \_\_\_\_\_

## Vehicle Description

Year: \_\_\_\_\_ Make \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_

Florida License Plate No: \_\_\_\_\_

Vehicle Identification Number (VIN):

\_\_\_\_\_

**THIS PORTION TO BE RETAINED BY LAW ENFORCEMENT AGENCY**

**Date entered:** \_\_\_\_\_ **ID #** \_\_\_\_\_