



# Void Request

TX, M or ST Number: \_\_\_\_\_

Order Number: \_\_\_\_\_

Order Date: \_\_\_\_\_

User ID: \_\_\_\_\_

**Owner Contact Information:**

Company name (if applicable): \_\_\_\_\_

Owner Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Void Processed - Authorization Code: \_\_\_\_\_

Void Not Processed – Check Reason Below:

- Inadequate documents returned
- System wouldn't allow
- Void request not "same day"
- Other, explain \_\_\_\_\_

**Select the Reason for the Void:**

- Wrong vessel/motor/dealer processed
- Wrong sales date entered
- Wrong sales price entered
- Wrong trade-in amount entered/not credited
- Incorrect vessel length affecting registration fee
- Misunderstood transaction request
- Customer withdrew request
- Other, explain \_\_\_\_\_

**List transaction(s) to be voided and complete all data fields:**

TX or ST Number	Owner Name	Transaction Description	Document Description	Returned	Document Number	Not Applicable	Not Yet Fulfilled	Lost Destroyed
			Title	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			ID Card	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Decal	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Title	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			ID Card	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Decal	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Title	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			ID Card	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Decal	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Title	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			ID Card	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Decal	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Is there a follow-up/correcting transaction? Select only one.**

- Already processed  
Enter follow-up/correcting order number. \_\_\_\_\_
- None required
- Action required Additional Remittance enclosed (if applicable) \_\_\_\_\_  
Please describe the situation and explain what action is required. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there a refund due?**

- No, void complete
  - No, the credit should be used to process a follow-up/correcting transaction
  - Yes, refund the owner of record
  - Yes, refund the remitter if not the owner of record
- Explanation required by Office: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Comments:**

---



---



---

**Signature of owner of record or owner's lawful representative:**

I am the recorded owner of the above described vessel and state that the document(s) covering said vessel have been lost or destroyed or are attached. I state that in consideration of the void and issuance of a Certificate of Title in this situation, I hereby indemnify and hold harmless Texas Parks and Wildlife Department, its employees and others from and against all claims, demands, and judgments because of or in connection with this void and subsequent Certificate of Title.

**I hereby certify that all statements in this document are true and correct to the best of my knowledge and belief.**

Company name (if applicable) : \_\_\_\_\_ Date: \_\_\_\_\_

Primary owner signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Co-owner signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Authorized Individual signature: \_\_\_\_\_ Printed name: \_\_\_\_\_  
(dealer/agent or person authorized by form PWD 581 for initial transaction)

**Office Name:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Processor Name:** \_\_\_\_\_ **User ID:** \_\_\_\_\_

**Processor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Approval:** \_\_\_\_\_ **Name (Print):** \_\_\_\_\_  
(Signature)