



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)