



C.A.T. Combat Auto Theft

C.A.T. CONSENT FORM

I have volunteered to participate in the C.A.T. (Combat Auto Theft) program, an auto decal registration program, under Florida State Stat-ute 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 AM. and 5 AM. If a law enforcement officer observes a person(s) operat-ing 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 transferable** 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 the reverse side) prior to signing this consent form. I acknowledge receipt of the instruction and withdrawal form.

C.A.T. Combat Auto Theft

*A FREE anti-theft program
brought to you by the
Citrus County Sheriff's Office*



Why is this program good for you?

This anti-theft program was designed to recover stolen vehicles in a timely manner. For people who leave their vehicles parked outside at night, for those who travel frequently or vehicles left in parking lots during late evening hours, this program is beneficial for you. If the vehicle is stolen without your knowledge, the bright yellow decal allows law enforcement throughout the state of Florida, and some other states, to stop your vehicle if seen out between the hours of 1 AM and 5 AM. This allows the law enforcement officer to determine if the driver is authorized to have the vehicle.

How do I sign up?

Bring this application with you to a Sheriff's Office facility along with your vehicle registration certificate. You will be given a C.A.T. decal to display on your vehicle.

What to do if stopped by a law enforcement officer?

- * Remain calm and instruct all passengers not to make any sudden movements.
- * Place your hands on the steering wheel unless otherwise directed by the officer.
- * Follow all instructions the officer gives you.
- * If you have an emergency, tell the officer immediately.



Owner's Signature

____/____/____
Date

Notary Public or Law
Enforcement Representative

Combat Auto Theft Program Withdrawal Form

Mail/Deliver to:

Citrus County Sheriff's Office
ATTN: Crime Prevention Unit
1 Dr. Martin Luther King Jr. Ave.
Inverness, Florida 34450-4994

YOU MUST RETURN THIS FORM IMMEDIATELY UPON SELLING OR
TRANSFERRING OF THE VEHICLE, OR IF YOU NO LONGER WISH
TO PARTICIPATE IN THE PROGRAM.

Decal # _____

Date Issued: ___/___/___ Today's Date: ___/___/___

Name: _____
Last First MI

Address: _____

City: _____ State: _____ ZIP: _____

Withdraw my vehicle from the C.A.T. Program. I no longer wish to participate in the program. I have removed the decal.

I have sold / transferred the vehicle. I have removed the decal.

_____/_____/_____
Signature Date

For more information call Crime Prevention at 726-4488

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 Number: _____

Vehicle Identification Number (VIN):



This side retained by Law Enforcement Agency
This side retained by Owner of Vehicle



THIS PORTION TO BE RETAINED BY LAW ENFORCEMENT AGENCY