

STATE OF FLORIDA
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTOR VEHICLES
 2900 Apalachee Parkway, NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0610
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

CHECK APPLICATION TYPE: ORIGINAL TRANSFER **VEHICLE TYPE:** MOTOR VEHICLE MOBILE HOME VESSEL **OFF-HIGHWAY VEHICLE:** ATV ROV MC

1 OWNER / APPLICANT INFORMATION												
Customer Number		Do you want the certificate of title to remain electronic? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no		Unit Number		Fleet Number		
<input type="checkbox"/> OR <input type="checkbox"/> AND		NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."										
If applicable: <input type="checkbox"/> Life Estate/Remainder Person		<input type="checkbox"/> Tenancy By the Entirety		<input type="checkbox"/> With Rights of Survivorship		Owner's County of Residence:						
Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)				Owner's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #				
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)				Co-Owner's/Lessee's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #				
Owner's Mailing Address(Mandatory)				City			State	Zip				
Co-Owner's/Lessee's Mailing Address (Mandatory)				City			State	Zip				
Owner's/Lessee's Physical Street Address in Florida (Mandatory)				City			State	Zip				
Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>				City			State	Zip				
Mail To Customer Name (If different From Above Owner)				Mail To Customer's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #				
Mail To Customer Address (If different From Above Mailing Address)				City			State	Zip				
2 MOTOR VEHICLE , MOBILE HOME OR VESSEL DESCRIPTION												
Vehicle/Vessel Identification Number				Make/Manufacturer	Year	Body	Color	Florida Title Number				
Previous State of Issue	License Plate or Vessel Registration Number		Weight	Length Ft. In.	BHP/CC	GVW/LOC		VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER				
TYPE Open Motorboat Cabin Motorboat Auxiliary Sailboat Inflatable		Houseboat Pontoon Airboat Sailboat	Personal Watercraft Canoe Other _____ <i>Specify</i>	HULL MATERIAL Wood Fiberglass Wood/Fiberglass Other _____ <i>Specify</i>		Aluminum Steel		PROPULSION Outboard Inboard Inboard/Outboard Other _____ <i>Specify</i>		Sail Air Propelled	FUEL Gas Diesel Electric Other _____ <i>Specify</i>	*DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats
Recreational (Pleasure) Dealer/Manuf. Exempt		Commercial Blue Crab Commercial Live Bait Commercial Mackerel		USE OF VESSEL Commercial Stone Crab Commercial Shrimp Recip. Commercial Shrimp Non-Recip.		Government Commercial Charter Commercial Oyster		Commercial Sponge Commercial Spiny Lobster Commercial Other _____		PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:		
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers						State of Principal Use						
3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)												
SHORT TERM LEASE ASSEMBLED FROM PARTS		LONG TERM LEASE REPLICA		REBUILT KIT CAR	POLICE VEHICLE GLIDER KIT	PRIVATE USE MANUFACTURER'S BUY BACK		TAXI CAB	FLOOD VEHICLE	ILEV VEHICLE ELECTRIC VEHICLE		
4 LIENHOLDER INFORMATION												
CHECK IF ELT CUSTOMER		<input type="checkbox"/> FEID #		<input type="checkbox"/> DL # and Sex and Date of Birth		<input type="checkbox"/> DMV Account #		Date of Lien	Lienholder's Name			
Lienholder's Email Address			Lienholder's Address				City	State	Zip			
<input type="checkbox"/>	If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____ (Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)											
5 TRANSFER TYPE												
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATE ACQUIRED ____/____/____		
6 ODOMETER DECLARATION												
WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.												
I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS _____, (NO TENTHS) MILES, DATE READ ____/____/____, AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:												
<input type="checkbox"/>	1. REFLECTS ACTUAL MILEAGE.			<input type="checkbox"/>			2. IS IN EXCESS OF ITS MECHANICAL LIMITS.			<input type="checkbox"/>	3. IS NOT THE ACTUAL MILEAGE.	
7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)												
FLORIDA SALES TAX REGISTRATION NUMBER			DATE OF SALE		DEALER LICENSE NUMBER		AMOUNT OF TAX		DEALER / AGENT SIGNATURE			
YEAR OF TRADE IN		MAKE OF TRADE IN			TITLE NUMBER OF TRADE IN (IF KNOWN)		VEHICLE IDENTIFICATION NUMBER OF TRADE IN					

8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: (Vehicle Identification Number)

DATE SIGNATURE PRINTED NAME
Law Enforcement Officer or Florida Dealer/Agency Name Badge # or Florida Dealer # Notary Stamp or Seal
FL DMV/Tax Collector Employee Florida Compliance Examiner/Inspector Badge or ID Number
COMMISSIONED NAME OF FLORIDA NOTARY: (Print, Type or Stamp) NOTARY'S SIGNATURE

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY

PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER
MOTOR VEHICLE MOBILE HOME VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL SALES TAX REGISTRATION NUMBER
I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: INHERITANCE GIFT
DIVORCE DECREE TRANSFER BETWEEN HUSBAND AND WIFE EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")
OTHER: (EXPLAIN)

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:
I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
(VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.
I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).
I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:
I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.
THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.
OTHER: (EXPLAIN)

12 APPLICATION ATTESTMENT AND SIGNATURES

I/WE PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (More than one form HSMV 82040 may be used for additional signatures.) UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SIGNATURE OF APPLICANT (OWNER) Date SIGNATURE OF APPLICANT (CO-OWNER) Date

13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state(s) as follows: That (Name of Deceased) died on (Date)

testate (with a will) intestate (without a will) and left the surviving beneficiaries named below.
When applicable, the heirs (named below) certify that the certificate of title is lost or destroyed.

Signature(s) of surviving spouse, co-owner and/or heirs. (More than one form HSMV 82040 may be used for additional signatures.)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.
Print or Type Name of Spouse, Co-owner or Heir(s) Signature of Spouse, Co-Owner or Heir(s)

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. That the estate is not indebted and the assets of the estate, excluding this motor vehicle, mobile home or vessel are sufficient to pay all just claims and that no probate proceedings have been instituted upon the estate. That the person(s) signing above hereby releases all their right, title, interest and claim as heirs at law, legatees, devisee, or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

Name of Applicant(s) Print / Type

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.