

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
 NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0610

APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

APPLICATION: ORIGINAL TRANSFER: OFF-HWY. VEHICLE MOTOR VEHICLE MOBILE HOME VESSEL

1 OWNER / APPLICANT INFORMATION

Customer Number		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".					
Owner's First Name, Full Middle/Maiden Name, Last Name			Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Co-Owner's First Name, Full Middle/Maiden Name, Last Name			Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Lessee's First Name, Full Middle/Maiden Name, Last Name			Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Owner's Mailing Address (Mandatory)			City	State	Zip
Co-Owner's or Lessee's Mailing Address (Mandatory)			City	State	Zip
Owner's or Lessee's Street Address in Florida (Mandatory)			City	State	Zip
Mail to Customer Name (If Different From Above Owner)			Date of Birth	Sex	FL Driver License or FEID/Suffix Number
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	Florida Current Date of Issue		
TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat <i>Specify</i>		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ <i>Specify</i>		PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ <i>Specify</i>		FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <i>Specify</i>		*DRAFT OF VESSEL <i>(The depth of water a vessel draws)</i> FT. _____ IN. _____ <i>*For all vessels 26' or more in length and all sailboats</i>
USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Government <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Other				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		Owner <input type="checkbox"/> Yes <input type="checkbox"/> No Co-Owner <input type="checkbox"/> Yes <input type="checkbox"/> No PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:		
Previously Federally Documented Vessel, Attach Copy of:						State of Principal Use		
<input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers								

3 BRANDS AND USAGE (Check Applicable Boxes)

SHORT TERM LEASED LONG TERM LEASED REBUILT POLICE VEHICLE PRIVATE USE TAXI CAB FLOOD VEHICLE
 ASSEMBLED FROM PARTS REPLICA KIT CAR GLIDER KIT MANUFACTURER'S BUY BACK

4 LIENHOLDER INFORMATION

Check if ELT Customer <input type="checkbox"/>	Customer # or FEID/Suffix # or DL# and Sex and Date of Birth	Date of Lien	Lienholder Name
Lienholder 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 above is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)			

5 TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW WAS VEHICLE, MOBILE HOME, VESSEL ACQUIRED? SALE GIFT REPOSSESSION COURT ORDER
 OTHER SPECIFY _____ DATE ACQUIRED _____ NEW _____ USED _____

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 STATE THAT THIS MOTOR VEHICLE'S 5 DIGIT OR 6 DIGIT ODOMETER NOW READS (no tenths) MILES, DATE READ ____ / ____ / ____ AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT, UNLESS ONE OF THE FOLLOWING IS CHECKED:

CAUTION: DO NOT CHECK 1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.

IF ACTUAL MILEAGE 2. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. **WARNING - ODOMETER DISCREPANCY**

7 DEALER SALES TAX REPORT

FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
---------------------------------------	--------------	-----------------------	---------------	--------------------------

8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) 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's Name _____ Badge# or Florida Dealer # _____
DMV/Tax Collector Employee _____ Florida Compliance Examiner/Inspector Badge or ID Number _____ Notary Stamp or Seal
COMMISSIONED NAME OF FLORIDA NOTARY: _____ NOTARY'S SIGNATURE _____
(Print, type or Stamp)

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:

CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER _____
 PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE
 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) _____

NOTE: ANY PRESUMPTION, REGARDING THE TAXABILITY OF AIRCRAFT, BOATS, MOBILE HOMES, MOTOR VEHICLES, OR OTHER VEHICLES OF A CLASS OR TYPE REQUIRED TO BE REGISTERED, LICENSED, TITLED OR DOCUMENTED IN THIS STATE OR BY THE UNITED STATES GOVERNMENT, ESTABLISHED BY RULE 12A-1.007, F.A.C., MAY BE REBUTTED ONLY BY CLEAR AND CONVINCING EVIDENCE TO THE CONTRARY. DECLARATIONS AFTER-THE-FACT ARE OF LITTLE VALUE AS EVIDENCE BECAUSE OF THEIR SELF-SERVING NATURE AND WILL BE GIVEN LITTLE WEIGHT.

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATION(S) IS 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. PROOF OF A LIEN INSTRUMENT IS NOT REQUIRED FOR A MOTOR VEHICLE OR MOBILE HOME.
 (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.

11 NON-USE AND OTHER CERTIFICATIONS

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

12 APPLICATION ATTESTMENT AND SIGNATURES

I/W/E PHYSICALLY INSPECTED THE ODOMETER AND I/W/E FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.
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 as follows: That _____ of _____ County, Florida died on the _____ day of _____, 20____ testate (with a will) intestate (without a will) and left surviving (him/her) the following beneficiaries:

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 (Print or 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.