

STATE OF FLORIDA
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
 DIVISION OF MOTOR VEHICLES
 Neil Kirkman Building - Tallahassee, FL 32399-0610
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

APPLICATION TYPE: ORIGINAL TRANSFER DECEASED MOTOR VEHICLE VESSEL

1 OWNER / APPLICANT IDENTIFICATION					
<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".			Unit Number		Fleet Number
Owner's First Name, Full Middle/Maiden Name, Last Name		Date of Birth	Sex	FL Driver License or FEID Number	
Co-Owner's First Name, Full Middle/Maiden Name, Last Name		Date of Birth	Sex	FL Driver License or FEID Number	
Lessee's First Name, Full Middle/Maiden Name, Last Name		Date of Birth	Sex	FL Driver License or FEID Number	
Owner's Mailing Address		City		State	Zip
Co-Owner's / Lessee's Mailing Address		City		State	Zip
Owner's or Lessee's Street Address in Florida (Mandatory)		City		State	Zip

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION							
Vehicle / Vessel Identification Number		Make / Manufacture		year	Body	Color	Florida Title Number
Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length FT. IN.		BHP/CC	GVW/LOC	FL Current Date of Issue

3 BRANDS AND USAGE (Check Applicable Boxes)								
<input type="checkbox"/> Vehicle is.	<input type="checkbox"/> Vessel is	<input type="checkbox"/> SHORT TERM LEASED	<input type="checkbox"/> LONG TERM LEASED	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD VEHICLE
		<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> MANUFACTURER'S BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> COMBINED	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	

4 LIENHOLDER INFORMATION			
If no lien, Print "NONE"	FEID # or DL # and Sex and Date of Birth	Date of Lien	Lienholder Name
Lienholder Address		City	State Zip

If lienholder authorizes the Department to send motor vehicle or mobile home title to the owner, check box and countersign: _____
 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? <input type="checkbox"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER	
<input type="checkbox"/> OTHER SPECIFY _____	DATE ACQUIRED ____/____/____ <input type="checkbox"/> NEW _____ <input type="checkbox"/> USED _____

6 VESSEL DESCRIPTION AND USAGE / MISC. OWNER INFORMATION				
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 (The depth of water a vessel draws) _____ FT. _____ IN. <small>*For all vessels 26' or more in length and all sailboats</small>		Previous Out-of-State Registration Number: _____
Use of Vessel <input type="checkbox"/> Pleasure <input type="checkbox"/> Commercial Canoe <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"/> Commercial Hire <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 Spiney Lobster <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Other		Are you a Florida resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U S Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Cancelled Documentation Papers			State of Principal Use _____	

7 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION
 THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC POLICE OFFICER OR DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS. (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT PREVIOUSLY TITLED IN FLORIDA.

1, 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 _____	Badge ID Number _____ DMV/Tax Collector Employee _____	Notary or Stamp _____
Dealer License Number _____		Florida Compliance Examiner Inspector Badge or ID Number _____

8 ODOMETER DECLARATION	
WARNING Federal and state law requires that you state the mileage in connection with an application for a Certificate of This Failure to complete or providing a false statement may result in fines or imprisonment	
I STATE THAT THIS MOTOR VEHICLE'S <input type="checkbox"/> 5 DIGIT OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS _____,XX (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: <input type="checkbox"/> 1. IN EXCESS OF ITS MECHANICAL LIMITS. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.	
DO NOT CHECK IF ACTUAL MILEAGE <input type="checkbox"/> 2. IS NOT THE ACTUAL MILEAGE I HEREBY CERTIFY THAT THE ODOMETER- READING IS NOT THE ACTUAL MILEAGE	WARNING - ODOMETER DISCREPANCY

9 DEALER SALES TAX REPORT				
Florida Sales Tax Registration Number	Date of Sale	Dealer License Number	Amount of Tax	Dealer/Agent Signature

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SALES TAX INFORMATION

*EVEN TRADE OR TRADE DOWN - STATE THE FACTS OF THE EVEN TRADE OR TRADE DOWN IN THE SPACE PROVIDED BELOW.

**** TRANSFEROR INFORMATION:**

NAME _____
PRINT TRANSFEROR NAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

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

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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 NO. _____

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 (COMPLETE SECTION 10) **TRANSFEROR INFORMATION (COMPLETE SECTION 10)

OTHER (EXPLAIN) _____

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REPOSSESSION DECLARATION

IF CHECKED THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

I CERTIFY THAT: (1) THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT, (2) FOR MOTOR VEHICLES OR MOBILE HOMES A CERTIFIED COPY OF WHICH IS ATTACHED TO THIS APPLICATION, (3) FOR VESSELS, A PHOTOCOPY OF WHICH IS ATTACHED TO THIS APPLICATION AND (4) THE MOTOR VEHICLE, MOBILE HOME OR VESSEL IS NOW IN MY POSSESSION.

I CERTIFY THAT THE SALES CONTRACT FOR THE IDENTIFIED MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS PURCHASED ON (DATE) _____ FROM _____

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NON USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY I HE 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) _____

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APPLICATION ATTESTMENT AND SIGNATURES

I WE PHYSICALLY INSPECTED THE ODOMETER AND I WE 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 _____

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RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s), state as follows: That _____ of _____ County, Florida died on the _____ day or _____
 testate (with a will) intestate (without a will) and left surviving (him/her) the following beneficiaries:

NAME

RESIDENCE

NAME	RESIDENCE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 undersigned person(s) hereby release all their right, title, interest and claim as heirs of law, legatees, devise, or otherwise to the aforesaid motor

vehicle, mobile home or vessel to: _____
Name of Applicant (Type or Print)

Signatures 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.

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS SHOULD SUBMIT THIS FORM AND ALL OTHER DOCUMENTATION TO THE LOCAL TAX COLLECTOR'S OFFICE FOR PROCESSING. OUT-OF-STATE MOTOR VEHICLE OR MOBILE HOME APPLICANTS MAY SUBMIT APPLICATION DIRECTLY TO DHSMV, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0610.