

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

APPLICATION TYPE: ORIGINAL TRANSFER VEHICLE TYPE: OFF-HIGHWAY VEHICLE MOTOR VEHICLE MOBILE HOME VESSEL

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
		Owner <input type="checkbox"/> yes <input type="checkbox"/> no Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no			
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
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
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
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 <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>	
USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Government <input type="checkbox"/> Commercial Sponge <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"/> Commercial Charter <input type="checkbox"/> Commercial Other _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Spiney Lobster						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)							
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<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"/> ILEV VEHICLE
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> REPLICA	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUFACTURER'S BUY BACK			<input type="checkbox"/> ELECTRIC VEHICLE

4 LIENHOLDER INFORMATION					
CHECK IF	<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
<input type="checkbox"/> ELT CUSTOMER	Lienholder's Email Address		Lienholder's Address		City
			State	Zip	

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"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER <input type="checkbox"/> OTHER (SPECIFY) _____	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (NO TENTHS) MILES, DATE READ ____/____/____, AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY 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.	
WARNING -- ODOMETER DISCREPANCY			

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 _____ died on _____ (Name of Deceased) (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 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.

FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I _____ certify that I have
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability

Insurance currently in effect with _____ under
(Name of Insurance Company)

_____ covering the following motor vehicle:
(Policy Number) Company Code Number (5 digits)

_____ Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida. I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

Signature of Insured

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.



Tax Collector, Palm Beach County Affidavit

The undersigned hereby certifies the following fact(s) regarding the vehicle/vessel described:

Vehicle/Vessel Identification Number	Year	Make	Color	Body	Title Number	Hull Number
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The above vehicle has not been/will not be operated upon the public highways of Florida.

The above vehicle was continuously maintained in dead storage and was not operated at any time during the registration period for which the exemption is being claimed.

I declare that the gross vehicle weight is _____ lbs. I am aware that giving false information is a criminal offense, if audited and this information is not correct, I could be subject to criminal prosecution.

This vehicle has been previously titled as a lease vehicle. I/we request that the "lease" brand be removed from the title certificate.

My name was entered in error as lienholder on above title. I do not hold any lien against this vehicle/vessel title.

This is to certify that the above vehicle will not be used on the public streets or highways in the United States and insurance will be purchased when vehicle re-enters the United States.

License plate _____ was ____ lost ____ destroyed ____ stolen. If found, the license plate will not be affixed to any motor vehicle.

Other: _____
_____.

I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Florida Statutes 775.082, 775.083 and 775.084.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT
AND THAT THE FACTS STATED IN IT ARE TRUE.**

Date

Signature of Purchaser/Owner

Signature of Co-Purchaser/Co-Owner

INFORMATION PACKET # 3

FLORIDA TITLE TRANSFER

This packet has been designed by the Palm Beach County Tax Collector to help expedite the process of transferring ownership of a Florida title.

SUBMIT THE FOLLOWING:

1. The Florida title with the Transfer of Title by Seller section completed.
2. A completed "Application of Certificate of Title with/without Registration" HSMV 82040 form.
3. A Bill of Sale is suggested and maybe required.
4. Proof of Florida insurance: a Florida insurance card, policy, or binder including the five-digit insurance company code and the policy number, or a completed HSMV 83330 form.
5. If transferring a valid Florida license plate submit a copy of the current Florida registration and an affidavit form PBCTC # 138 stating the previous vehicle has been disposed of.

Six percent Florida Sales Tax is collected on the sale price. When the vehicle is registered to a Palm Beach County address the first \$5,000.00 of the sale price is subject to an additional ½% Discretionary Sales Surtax.

Registration fees are determined by the registered owner's date of birth, license plate type, vehicle type, weight, and usage.

An informational flyer listing the Palm Beach County Tax Collector's office hours and locations is included for your convenience. If you wish to process by mail, please contact the Communications Center at (561)355-2622 for the correct fees.

**ANNE M. GANNON, TAX COLLECTOR
PALM BEACH COUNTY**