

BEN ANDERSON
OKALOOSA COUNTY TAX COLLECTOR

Customer Service Processing Center
701 E. John Sims Pkwy, Suite 202
Niceville, FL 32578
www.OkaloosaTax.com
(850) 651-7300

Name (s) _____

Address: _____ City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ Email _____

Vessel Information:

Vessel Year: _____ Make: _____ Hull # _____

Trailer Information

Trailer Year: _____ Make: _____ TIN# _____

Please read this thoroughly and follow all directions in order to expedite the title and registration process. Submit the following documents:

1. Original Vessel Title or MCO (Manufacturer Certificate of Origin)

- MCO – Newly purchased vessels that have never been titled or registered.
- Out of state title – If this is a newly acquired vessel, the “Transfer of Title by Seller” section on the certificate of title must be completed in full with printed name(s) and signature(s) for each transferor (seller) and each transferee (purchaser).
- Bill of sale – If purchased from a dealership.
- If vessel has been registered in a non-titling state, the current registration will substitute for a title. The most current record we have of non-titling states are: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Georgia, Hawaii, Kansas, Louisiana, Maine, New Hampshire, North Dakota and Tennessee. When transferring ownership with a registration, an original bill of sale must accompany the registration.

2. Lien Holder Letter

An owner who is making payments on their vessel may not hold the title in their possession. If a lending or financial institution holds the title to the vessel, complete the enclosed **Lien Holder Letter**. Fax the letter to your lien holder. This letter informs the lien holder the necessity of forwarding the title to our office. When a lien holder has a claim on a vessel, we cannot make any changes to the owner section without written authorization from the lien holder

3. Form HSMV 82040, Application for Certificate of Title

Fill form out in its entirety. Refer to completed **Example** form in packet.

If you do not have a Florida Driver License, you must submit a copy of your out of state driver license.

4. Sales Tax

Sales tax is calculated at 6.5% of the purchase price less any trade in value. If the state you purchased or titled the vessel in has collected sales tax, that tax will be credited towards Florida sales tax. Proof of the tax paid will be required. If the vehicle has been titled in your name longer than six months, sales tax will not be required.

5. Trailers

If a trailer has a net weight of 1,999 pounds or less, it is not required to be titled. The following would be required to register the trailer.

- When the trailer is new, a copy of the MCO and/or bill of sale showing a complete chain of ownership.
- Proof of ownership – title, registration or bill of sale with complete vessel description (year, make and trailer identification number).
- When the trailer is used (homemade or manufactured) and never been registered in Florida, a certified weight slip is required, unless the documentation submitted shows a net weight.

6. Fees

Refer to fee chart included. Return fee chart with your completed paperwork.

7 Form of payment

- Check – Made payable to Okaloosa County Tax Collector
- Credit/Debit Card – We accept MasterCard, Discover and American Express (Bank Card User Fees will be added). For your privacy and security reasons, credit/debit card information cannot be included on this paperwork. Our office will contact you at the time of processing.
Name_____ Daytime Phone number_____ E-mail address_____
- E-check- I give OCTC permission to process my payment as an E-check (Must provide a voided check or image thereof) Please contact me if the total exceeds: \$_____. Please sign here: _____

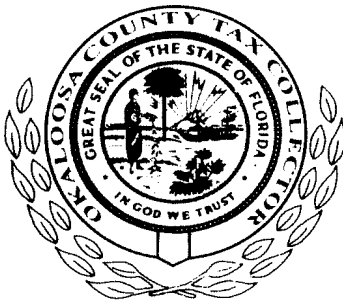
Our Customer Service and Processing Center is available to answer questions Monday to Friday from 8:30a.m. through 5:00p.m. CST. The toll free number is 1-877-TAGSRUS (824-7787) or 850-651-7300. You can also contact our office via email at cspcweb@OkaloosaTax.com.

Our Mailing Address is:
Okaloosa County Tax Collector
Attn: Customer Service and Processing Center
701 E. John Sims Pkwy, Suite 202
Niceville, FL 32578

1250 N. Eglin Pkwy, Suite 101
Shalimar, FL 32579

302 N. Wilson St, Ste. 101
Crestview, FL 32536

701 E. John Sims Pkwy, Suite 202
Niceville, FL 32578



4012 Commons Dr. W Unit 122
Destin, FL32541

Bld 210, 310 Van Matre Ave.
Eglin AFB, FL 32542

P.O. Box 9211
Hurlburt Field, FL 32544

(850) 651-7300

OKALOOSA COUNTY TAX COLLECTOR

www.OkaloosaTax.com

Lienholder Name: _____

Account Number: _____

Applicant(s) Names: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Telephone Number(s):

Home: _____ Cell: _____

Vehicle Description:

Year: _____ Make: _____ VIN:HIN _____

The above named individual(s) desire to title and register their vehicle/vessel in the state of Florida. We require that one of the following options be complied with in order to title and register in Florida. If customer's name has changed due to marriage, divorce, court order, etc., in order to title in Florida, it is necessary that we title in the lawful name at the time of application. Please return this letter with your reply.

Florida's Electronic Lien and Title (ELT) program requires mandatory participation from lenders. As of January 1, 2013 and thereafter, businesses and individuals who regularly engage in the business or practice of financing vehicles or vessels, are required to be ELT participants. For more information please visit <http://www3.flhsmv.gov/DMV/Proc/TL/TL-69.pdf>
Enter here if you already have a FL ELT Account Number _____

Lienholder Will Surrender Title

Submit the original title to our office along with this request. Your existing lien will be recorded on the Florida Electronic Title.

Lienholder Federal Identification Number _____

Lienholder Will Not Surrender Title

If it is your company's policy not to surrender a title for registration and titling in another state, you do not authorize the name change, or you do not participate in Florida's ELT program please indicate such on company letterhead and include applicant(s) name and a full description of the vehicle. Please send the letter of refusal, a copy of the title, and this request.

Please mail all correspondence to the following address:

**Okaloosa County Tax Collector
701 E. John Sims Pkwy, Suite 202 ATTN: CSC
Niceville, FL 32578**

If you have any questions regarding this request, please call (850) 651-7300.

SAMPLE

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

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

1 OWNER / APPLICANT INFORMATION
Customer Number, Check this box if you are requesting the certificate of title to be printed, Owner, Co-Owner, Unit Number, Fleet Number, Are you a Florida resident?, Are you an alien?

OR 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: Life Estate/Remainder Person Tenancy By the Entirety With Rights of Survivorship Owner's County of Residence:

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name) John Jacob Doe
Owner's Email Address johnjacob@ail.com
Date of Birth 01/01/1976 Sex M FL Driver License or FEID/Suffix # D12345678970

Owner's Mailing Address (Mandatory unless a member of the Military) 123 Sunshine Ln
City Somewhere State FL Zip 32578

Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)
City State Zip

Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)
City State Zip

Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots.
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 PRO00771G001
Make/Manufacturer SEADO Year 2008 Body VS Color Florida Title Number

Previous State of Issue License Plate or Vessel Registration Number Weight Length Ft. 18 In. 2 BHP/CC GVW/LOC VAN USE, IF APPLICABLE PASSENGER OTHER

TYPE: Open Motorboat, Cabin Motorboat, Auxiliary Sailboat, Inflatable, Houseboat, Pontoon, Airboat, Sailboat, Personal Watercraft, Canoe, Other.
HULL MATERIAL: Wood, Fiberglass, Wood/Fiberglass, Other.
PROPULSION: Outboard, Inboard, Inboard/Outboard, Other.
FUEL: Gas, Diesel, Electric, Other.
DRAFT OF VESSEL (The depth of water a vessel draws) FT. IN.

USE OF VESSEL: Recreational (Pleasure), Dealer/Manuf., Exempt, Commercial Blue Crab, Commercial Fish, Hire (Livery), Commercial Stone Crab, Commercial Shrimp Recip., Commercial Mackerel, Government, Commercial Charter, Commercial Shrimp Non-Recip., Commercial Oyster, Commercial Sponge, Commercial Other, Commercial Spiny Lobster.
PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:

Previously Federally Documented Vessel, Attach Copy of: U.S. Coast Guard Release From Documentation Form; or 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, BONDED TITLE, REBUILT, KIT CAR, POLICE VEHICLE, GLIDER KIT, PRIVATE USE, MANUF. BUY BACK, TAXI CAB, REPLICA, FLOOD, AUTONOMOUS, ILEV, ELECTRIC, CUSTOM, STREET ROD

4 LIENHOLDER INFORMATION
CHECK IF ELT CUSTOMER, FEID #, DL # and Sex and Date of Birth, DMV Account #, Date of Lien, Lienholder's Name USAA Federal Savings Bank, Lienholder's Email Address, Lienholder's Address Po Box 123456, City Sacramento, State CA, Zip 97856

If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: (Signature of Lienholder's Representative)

5 TRANSFER TYPE
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?
SALE, GIFT, REPOSSESSION, COURT ORDER, 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 5 OR 6 DIGIT ODOMETER NOW READS , .XX (NO TENTHS) MILES, DATE READ / / AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

1. REFLECTS ACTUAL MILEAGE. 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. 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 heir(s) named below.

When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

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. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), 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.

Check your local phone book government pages or visit the following website for current mailing addresses: http://www.flhsmv.gov/offices/ www.flhsmv.gov

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION
 SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

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

| | | | | | | | | | | |
|--|--|--|----------------------------------|-----------------------------------|--|---------------|--|------------------------------------|------------------------------------|--|
| 1 OWNER / APPLICANT INFORMATION | | | | | | | | | | |
| Customer Number | | Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/> | | | 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 | |
| | | | | | Owner <input type="checkbox"/> yes <input type="checkbox"/> no | | Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no | | 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 <input type="checkbox"/> 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 unless a member of the Military) | | | | City | | | | State | Zip | |
| Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military) | | | | City | | | | State | Zip | |
| Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military) | | | | 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 <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 _____ Specify | | 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 _____ Specify | | 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 _____ Specify | | | FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ Specify | | *DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats | |
| 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 Spiny 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 | <input type="checkbox"/> ILEV | <input type="checkbox"/> CUSTOM | |
| <input type="checkbox"/> ASSEMBLED FROM PARTS | <input type="checkbox"/> BONDED TITLE | <input type="checkbox"/> KIT CAR | <input type="checkbox"/> GLIDER KIT | <input type="checkbox"/> MANUF. BUY BACK | <input type="checkbox"/> REPLICA | <input type="checkbox"/> AUTONOMOUS | <input type="checkbox"/> ELECTRIC | <input type="checkbox"/> STREET ROD | |

| | | | | | | | | | |
|--|---------------------------------|---|----------------------|--|--------------|------|-------------------|-----|--|
| 4 LIENHOLDER INFORMATION | | | | | | | | | |
| <input type="checkbox"/> 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: _____ (Signature of Lienholder's Representative) (Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. | | | | | | | | | |

| | | | | | | | | | |
|--|-------------------------------|---------------------------------------|--------------------------------------|--|--|--|------------------------------|--|--|
| 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"/> .XX (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 A MARRIED COUPLE 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 heir(s) named below.

When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

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

(More than one form HSMV 82040 may be used for additional signatures.)

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. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), 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.

Check your local phone book government pages or visit the following website for current mailing addresses: http://www.flhsmv.gov/offices/ www.flhsmv.gov

| Calculation of Title Fees | | | |
|---------------------------|--|------------------------------------|----------|
| 1. | Title Fee: | | |
| | Florida Title Transfer | Add \$5.25 | \$ _____ |
| | Out of State Title Transfer | Add \$9.25 | \$ _____ |
| | Manufacturer Statement/Certificate of Origin | Add \$5.25 | \$ _____ |
| 2. | If recording a lien | Add \$1.00 | \$ _____ |
| 3. | If over 30 days from date of purchase | Add \$10.00 | \$ _____ |
| 4. | Paper Title Fee | Add \$2.50 | \$ _____ |
| 5. | Branch Fee | Add \$.50 | \$ _____ |
| 6. | Sales Tax | 6.5% of purchase price minus trade | \$ _____ |

| Vessel Registration Fees | | | |
|--------------------------|---|--------------|----------|
| 1. | All vessels less than 12 feet in length, and motorized canoes | Add \$12.25 | \$ _____ |
| 2. | 12 feet or more and less than 16 feet in length | Add \$23.00 | \$ _____ |
| 3. | 16 feet or more and less than 26 feet in length | Add \$35.50 | \$ _____ |
| 4. | 26 feet or more and less than 40 feet in length | Add \$85.00 | \$ _____ |
| 5. | 40 feet or more and less than 65 feet in length | Add \$134.50 | \$ _____ |
| 6. | 65 feet or more and less than 110 feet in length | Add \$159.50 | \$ _____ |
| 7. | 110 feet or more in length | Add \$196.50 | \$ _____ |

| Calculation of Trailer Fees | | | |
|-----------------------------|--|--------------------|----------|
| 1. | Title Fee: For Trailers with an empty weight of 2000lbs or more | | |
| | Florida Title Transfer | Add \$75.25 | \$ _____ |
| | Out of State Title Transfer | Add \$ 85.25 | \$ _____ |
| | Manufacturer Statement/Certificate of Origin | Add \$77.25 | \$ _____ |
| | Paper Title Fee | Add \$2.50 | \$ _____ |
| 2. | Registration Fee | | \$ _____ |
| | 500lbs or less | Add \$31.90 | \$ _____ |
| | 501lbs or more | Computer Generated | \$ _____ |
| 3. | License Plate Fee | Add \$28.00 | \$ _____ |
| 4. | Branch Fee | Add \$.50 | \$ _____ |

| | |
|---------------------------------------|----------|
| Total of all fees listed above | \$ _____ |
|---------------------------------------|----------|

Itemized Bill of Sale for Vessel and/or Trailer

I, _____ on the _____ day of _____, 20____ do hereby sell to: _____
_____ for the sum of \$ _____.

Description for vessel as follows:

Year: _____ Hull Id: _____
Make: _____ Title #: _____
Length: _____ Ft _____ In Registration State: _____

Description for trailer as follows: (or copy of registration)

Year: _____ VIN: _____

Itemized amount paid for boat, motor, and trailer:

Boat: \$ _____
Outboard Motor: \$ _____
Trailer: \$ _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Seller

Per Florida Statue #327.12.01 & 02 Page 970

Notice to purchaser: This bill of sale when kept aboard the vessel when in use serves as temporary authority to use the vessel on the waters of this state and is invalid after 30 days from the date of sale shown at the top of the bill of sale, as long as the vessel is used as recreational and not commercial purposes.

Signature of Purchaser

Street address

City, State, Zip code

Application for Trailer Registration

Owner/Applicant Information

| | | | | |
|--|---------------|-----|----------------------------------|-----|
| Owners First Name, Full Middle/Maiden Name, Last Name | Date Of Birth | Sex | FL Driver License or FEID Number | |
| Co-Owners First Name, Full Middle/Maiden Name, Last Name | Date Of Birth | Sex | FL Driver License or FEID Number | |
| Owners Mailing Address | City | | State | Zip |
| Co-Owners Mailing Address | City | | State | Zip |

Trailer Description

| | | | |
|-----------------------|-----------------|-------------------------|--|
| Trailer Serial Number | | Date Acquired | |
| Trailer Make | Year of Trailer | Empty Weight of Trailer | |

Traded Trailer Information

| | | | |
|-----------------------|-----------------|-----------------|------------|
| Trailer Serial Number | Year of Trailer | Make of Trailer | Tag Number |
|-----------------------|-----------------|-----------------|------------|

Dealership Information

| | | | |
|---------------------------------------|-----------------------|---------------|------------------------|
| Florida Sales Tax Registration Number | Dealer License Number | Amount of Tax | Dealer Agent Signature |
|---------------------------------------|-----------------------|---------------|------------------------|

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

(Date)

I/We hereby name and appoint, _____, to be my/our
(Full Legibly Printed Name is Required)

lawful attorney-in-fact, to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

CHECK ONE:

Motor Vehicle

Mobile Home

Vessel

| Year | Make/Manufacturer | Body Type | Title Number |
|--------------------------------------|-------------------|-----------|--------------|
| Vehicle/Vessel Identification Number | | | |

NOTICE TO OWNER(S): COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING.

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

(Signature of **Owner** "Grantor")

(Legibly Printed Name of **Owner** "Grantor")

(Driver License, Identification Card or FEID Number for **Owner**)

(Date of Birth for **Owner**, if applicable)

(**Owner's** Address)

(City)

(State)

(Zip)

(Signature of **Co-Owner** "Grantor," if applicable)

(Legibly Printed Name of **Co-Owner** "Grantor," if applicable)

(Driver License, Identification Card or FEID Number for **Co-Owner**)

(Date of Birth for **Co-Owner**, if applicable)

(**Co-Owner's** Address)

(City)

(State)

(Zip)

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the **buyer only** or the **seller only**. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (a) the title is physically being held by the lienholder; or
- (b) the title is lost.

NOTE: A licensed dealer and his/her employees are considered a single entity.

Check your local phone book government pages or visit the following website for current mailing addresses:
<http://www.flhsmv.gov/offices/>