FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Please submit this form to your local tax collector office or license plate agency.

https://www.flhsmv.gov/locations

Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☐ Original ☐ Transfer **Request to print Certificate of Title:** ☐ No ☐ Yes: In office ☐ Yes: Mailed

Off-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV) ☐ Recreational Off-Highway Vehicle (ROV) ☐ Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number	Fleet Number	Unit Number	Owner's County of Residence

Owner Details:	Are you a Florida Resident? ☐YES ☐NO	Are you a US Citizen? ☐YES ☐NO	Are you deaf or hard of hearing? *(Voluntary)* ☐YES ☐NO

When joint ownership, please indicate if "or" or "and" is to be shown on title when issued.
☐ OR ☐ AND *(If neither box is checked, the title will be issued with "and.")*

Select, if applicable: ☐ Life Estate/Remainder Person ☐ Tenancy by the Entirety ☐ With Rights of Survivorship

Owner's Name as It Appears on Driver License *(First, Full Middle/Maiden, & Last Name)*	Owner's Phone Number *(Voluntary)*	Owner's Email *(Voluntary)*	Sex	Date of Birth

FL DL/ID or FEID/Suffix Number	Owner's Mailing Address	City	State	Zip Code

Owner's Residential Street Address	City	State	Zip Code

Mail To Customer Name *(If different from above owner)*	Mail To's Phone Number *(Voluntary)*	Mail To's Email *(Voluntary)*	Sex	Date of Birth

FL DL/ID or FEID/Suffix Number	Mail To's Address *(If different from above mailing address)*	City	State	Zip Code

Co-Owner Details:	Are you a Florida Resident? ☐YES ☐NO	Are you a US Citizen? ☐YES ☐NO	Are you deaf or hard of hearing? *(Voluntary)* ☐YES ☐NO

☐ Co-Owner or ☐ Lessee's Name as It Appears on Driver License *(First, Full Middle/Maiden, & Last Name)*	Co-Owner's Phone Number *(Voluntary)*	Co-Owner's Email *(Voluntary)*	Sex	Date of Birth

FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address	City	State	Zip Code

Co-Owner's/Lessee's Residential Street Address	City	State	Zip Code

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN)	Florida Title Number	License Plate Number	Previous State of Issue

Make/Manufacturer	Model	Year	Body	Color	Length Ft.___In___	Weight	GVW	BHP/CC

Van Use *(If applicable)* ☐Passenger ☐Other

Fuel Type ☐ Natural Gas (Liquid) ☐ Natural Gas (Compressed) ☐ Hybrid (Gas/Electric) ☐ Hybrid (Diesel/Electric) ☐ Electric

Section 3: BRANDS, USAGE AND TYPE *(Check applicable types)*

☐Assembled from Parts ☐Autonomous ☐Bonded Title ☐Custom ☐Electric ☐Flood ☐Glider Kit ☐ILEV ☐Kit Car
☐Long Term Lease ☐Manuf. Buy Back ☐Police Veh. ☐Private Use ☐Rebuilt ☐Replica ☐Short Term Lease ☐Street Rod ☐Taxicab

Section 4: LIENHOLDER INFORMATION *(If applicable)*

ELT Customer ☐YES ☐NO	☐ FEID/Suffix # ☐DMV Account # ☐DL/ID #, Sex and DOB	Lienholder's Phone Number *(Voluntary)*	Lienholder's Email *(Voluntary)*

Date of Lien	Lienholder's Mailing Address	City	State	Zip Code

Lienholder's Name *(If box is not checked, title will be mailed to the first lienholder.)*

☐ Check this box if you, lienholder representative, authorize the Department to send the motor vehicle title to the owner and sign here: _____

Section 5: TRANSFER TYPE *(If applicable)*

If ownership has transferred, how and when was the motor vehicle acquired? ☐Inheritance
☐Sale (Price: $_____ . ____) ☐Gift ☐ Repossession ☐Court Order ☐Other *(Specify)*: _____

Date Acquired: _____ / _____ / _____

Section 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 miles. *(No tenths)* Date Read: _____ / _____ / _____.

I/we hereby certify that to the best of my/our knowledge the odometer reading:
☐ 1. REFLECTS ACTUAL MILEAGE. ☐ 2. IS NOT THE ACTUAL MILEAGE. ☐ 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.

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Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION *(If applicable)*

Florida Sales Tax Registration Number	Dealer License Number	Date of Sale	Amount of Tax	Dealer/Agent Signature

Year of Trade In	Make of Trade In	Title Number of Trade In *(If known)*	Vehicle Identification Number (VIN) of Trade In

Section 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 Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. **Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.**

I, the undersigned, certify that I have physically inspected the above-described vehicle:

Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date

Select which option best represents the certifying inspector:

☐ Law Enforcement Agency Name: _____ Badge Number: _____

☐ Florida Dealer Dealer Name: _____ Dealer Number: _____

☐ FLHSMV Office Name: _____ User ID/Badge: _____

☐ Tax Collector or License Plate Agency Agency Name: _____ County/Agency: _____

☐ Florida Notary Public (*Stamp or Seal*)

Signature: _____

Section 9: SALES TAX EXEMPTION CERTIFICATION *(If applicable)*

The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle 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: _____

☐ Vehicle will be used exclusively for rental.

Sales Tax Registration Number: _____

I hereby certify that ownership of the motor vehicle 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 ☐ Other: _____

☐ 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.)

Section 10: REPOSSESSION DECLARATION

☐ I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.

Section 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.

☐Other: *(explain)* _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the VIN. (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.

Full Name of Applicant, Owner	Signature of Applicant, Owner	Date
Full Name of Applicant, Co-Owner	Signature of Applicant, Co-Owner	Date

Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST *(If applicable)*

The undersigned person(s) state(s) that _____ died on _____.
(Name of deceased) *(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.)

Full Name of ☐ Spouse, ☐ Co-Owner or ☐ Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of ☐ Spouse, ☐ Co-Owner or ☐ Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date

That at the time of death the decedent was owner of the motor vehicle 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 to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date