



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 _____

Vehicle Information:

Year: _____ Make: _____ Vehicle Identification Number: _____
Florida tag number to transfer (if applicable): _____

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

1. Original Vehicle Title or MCO (Manufacture Certificate of Origin)

- MCO, odometer disclosure and bill of sale – For newly purchased vehicles that have never been titled or registered.
- Out of state title – If this is a newly acquired vehicle, 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.

2. Lienholder Letter

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

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. Form 82042, Vehicle Identification Number and Odometer Declaration

This form requires a physical inspection of the vehicle identification number (VIN). This can be completed with a FLORIDA Notary, Licensed FLORIDA dealer or any Law Enforcement officer including Military Police. Additionally, if purchased by private sale, both buyer and seller can complete the verification.

Note: **Omit this form if the vehicle is brand new or has a current Florida title.**

5. Form HSMV 82002, Initial Registration Fee Exemption Affidavit

This form is used when purchasing a new license plate. It may allow the Initial Registration Fee to be waived when certain qualifications are met. Complete the vehicle information; check the box by the qualification that reflects your situation, sign and date.

6. Bill of Sale and Sales Tax

Sales tax is calculated at 6% plus the discretionary sales surtax tax of 1% on the first \$5,000.00 of the purchase price less any trade in value. If the state you purchased or titled the vehicle 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.

For information on how you can contribute to The Hope Scholarship, visit www.stepupforstudents.org

7. Proof of Florida Insurance

Florida Statute 324.031, states Florida insurance is required when registering your vehicle in Florida. Florida insurance is defined as coverage meeting Florida insurance requirements (PIP/PDL/BIL) and having an authorized agent or broker in the state of Florida issue a Florida policy, Florida insurance identification card and make the required insurance filing to the Department of Highway Safety and Motor Vehicles in the state of Florida. Submit a copy of your Florida insurance card or policy showing type of coverage, vehicle covered, date of policy, Florida insurance company code and policy number.

8. Fees

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

Note: Okaloosa County does not charge the mail fee listed on page 4 line 7.

9. Form of payment

- Check – Made payable to Ben Anderson 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 (**Personal Checks ONLY**)- 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



OKALOOSA COUNTY TAX COLLECTOR

www.OkaloosaTax.com

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

Lien Holder Letter

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 Ste 202 ATTN: CSPC Niceville, FL 32578**

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



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 ☐ TransferRequest to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: MailedOff-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? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")			Select, 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 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> 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	Weight
GVW	BHP/CC				
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other	Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric				

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

<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab

Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO	FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> 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.)		<input type="checkbox"/> 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? <input type="checkbox"/> Sale (Price: \$ _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____	Date Acquired: _____ / _____ / _____
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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 <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 miles. (No tenths)	Date Read: _____ / _____ / _____
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 NOT THE ACTUAL MILEAGE. <input type="checkbox"/> 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.	



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

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
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Select which option best represents the certifying inspector:

<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____
<input type="checkbox"/> 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 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:

<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	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:

<input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift	<input type="checkbox"/> Divorce Decree	<input type="checkbox"/> Transfer between a married couple	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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		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 <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> 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



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? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")			Select, 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 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> 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) <input type="checkbox"/> Passenger <input type="checkbox"/> Other	Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric							

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

<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab

Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> 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.)		<input type="checkbox"/> 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? <input type="checkbox"/> Inheritance		Date Acquired: _____ / _____ / _____
<input type="checkbox"/> Sale (Price: \$ _____ . _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____		

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.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

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:			<input type="checkbox"/> Florida Notary Public (Stamp or Seal)	
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	Signature: _____	
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____		
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____		
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____		

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:	
<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	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:	
<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Transfer between a married couple <input type="checkbox"/> Other: _____	
<input type="checkbox"/> 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
<input type="checkbox"/> 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:
<input type="checkbox"/> I certify that the certificate of title is lost or destroyed.
<input type="checkbox"/> The vehicle identified will not be operated on the streets and highways of this state until properly registered.
<input type="checkbox"/> 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)		
<input type="checkbox"/> Testate (with a will) <input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below.		
<input type="checkbox"/> 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 <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> 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

www.flhsmv.gov/offices/

(Completion of this part requires a physical inspection of the vehicle by the owner)

DATE: _____

This is to certify that I, the undersigned, am the lawful owner of the motor vehicle described on this form and that I have, on the date entered above, made a physical inspection of the motor vehicle and have recorded the vehicle identification number and other identification information and the odometer reading and certification in the spaces provided on this form.

Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In
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WARNING: Federal and State law require 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 and/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 KNOWLEDGE
THE ODOMETER READING:

☐ 1. reflects ACTUAL MILEAGE. ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

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

(Owner/ Purchaser Signature)

Printed name

(Seller's Signature)

Printed name

This section requires a physical inspection under the windshield and in the door jamb to verify the vehicle identification number (VIN) for the motor vehicle described in this form. If the motor vehicle was manufactured prior to 1955, the motor number must be verified. If the verification is performed by someone other than a Notary, the VIN verification can be performed by a Florida Licensed Dealer, Law Enforcement Officer, Military Police Officer, or Florida Compliance Examiner/Inspector (Division of Motorist Services/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 currently titled in Florida.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number under the windshield and in the door jamb to be identical to the vehicle identification number recorded on this form.

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

Date: _____

(Seal)

Commissioned Name of Florida Notary: _____ Notary's Signature: _____
(Print, Type or Stamp)

If other than a Notary, check the box below that applies, and sign and complete the corresponding fields. Verified by:

☐ Florida Compliance Examiner/
Inspector(DMS/TC Employee)☐ Military Police Officer/
Law Enforcement Officer☐ Florida Licensed Dealer

Signature: _____ Printed Name: _____

Florida Compliance Examiner/Inspector Name: _____ Badge or ID #: _____

Law Enforcement Agency Name: _____ LEO Badge #: _____

Florida Dealer Name: _____ Florida Dealer #: _____

◆ NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT ◆

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON OR AUTHORIZED AGENT OF ANY PERSON REQUIRED TO MAKE APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION.

WHEN SHOULD THIS FORM BE COMPLETED?

ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS NOT CURRENTLY TITLED IN FLORIDA, WITH A NET WEIGHT OF 2,000 POUNDS OR MORE.

WHEN SHOULD THIS FORM NOT BE COMPLETED?

WHEN CERTIFICATE OF TITLE IS BEING APPLIED FOR ON ONE OF THE FOLLOWING:

1. NEW MOTOR VEHICLE, REGARDLESS OF WHETHER PURCHASED IN FLORIDA OR OUT OF-STATE
2. MOBILE HOME
3. TRAILER OR SEMITRAILER WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS
4. TRAILER TYPE RECREATIONAL VEHICLE (TRAVEL TRAILERS AND CAMP TRAILERS)
5. OFF-HIGHWAY VEHICLE

Visit the following website for current mailing addresses <http://www.flhsmv.gov/offices/>

**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES**

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE OR LICENSE PLATE AGENT
www.flhsmv.gov/offices/

INITIAL REGISTRATION FEE EXEMPTION AFFIDAVIT

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY	PREV. STATE	TITLE NO.

The customer must complete and sign this form to claim the exemption

The customer claims exemption from the \$ 225 Initial Registration Fee, which is imposed on the initial application for registration on a motor vehicle, and attests to one of the following:

- ☐ I am a qualifying member of the U.S. Armed Forces, or his or her spouse or dependent child. **I am claiming exemption # _____ (see list on the reverse side of this form in section A, 1-6, which also lists the required documents). Select exemption reason of "military."**
- ☐ A Court Order declares/specifies the **customer** is the legal owner of the above-described motor vehicle. **Select exemption reason of "court order."** (A copy of the court order must be submitted.)
- ☐ A license plate is being transferred (for a name change) due to a fictitious name change affidavit or corporate name change affidavit properly filed with the Department of State, pursuant to section 865.09, Florida Statutes. **Select exemption reason of "administrative."** (A copy of the name change affidavit from the Department of State must be submitted.)
- ☐ A transfer of ownership on a Florida Certificate of Title has occurred due to operation of law as provided by section 319.28, Florida Statutes. **Select exemption reason of "operation of law."** (A copy of the documentation which validates how the vehicle was acquired must be submitted.)
- ☐ A transfer of ownership on a Florida Certificate of Title has occurred from a person to a member of that person's immediate family as defined in 657.002, Florida Statutes, who resides in the same household. **Select exemption reason of "immediate family."** **(The address of the previous owner and new owner must be the same in FRVIS).**
- ☐ A prior registration or system printout has been submitted for the following license plate number (_____), to claim the initial registration exemption for the recently acquired above described vehicle. **Select exemption reason of "prior registration."**

The EXEMPTION REASON MUST BE SELECTED IN FRVIS TO RECORD EXEMPTION.

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

Signature of Owner

Printed Name of Owner

Date

FOR FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLE (FLHSMV), TAX COLLECTOR OR LICENSE PLATE AGENT EMPLOYEE USE ONLY
--

- ☐ The exemption (checked above) has been verified by County _____ Agency _____

Signature of Employee

Printed Name of Employee

Date

A. LIST OF QUALIFYING MILITARY EXEMPTIONS:

1. I am a member of the U.S. Armed Forces (includes Navy, Army, Marines, Coast Guard, and Air Force), or his or her spouse or dependent child, who is not a Florida resident and is stationed in the state of Florida on military orders. Submit a copy of your military orders and out of state driver license.
2. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who is/was not a Florida resident and is stationed in the state of Florida on military orders and is now becoming a resident of Florida. Submit a copy of your military orders and Florida driver license.

The prior non-resident member or his/her spouse or dependent child would qualify for this exemption even if the vehicle were not previously registered in Florida as a "Registration Only." Some members retain an out of state license plate for their vehicle from their state of residence while stationed in Florida.

3. I am a former member of the U.S. Armed Forces, or his or her spouse or dependent child. I purchased this motor vehicle while stationed outside Florida. I was not dishonorably discharged nor discharged for bad conduct. I was a resident of Florida at the time of enlistment and discharge and continue to be a resident of Florida. I am applying for registration within 6 months after discharge. Submit a copy of your Discharge Order (DD214) and Florida driver license.
4. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida. I have been reassigned by military orders to this state. Submit a copy of your military orders and Florida driver license.
5. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida and continue to be stationed outside of Florida. Submit a copy of your military orders and Florida driver license.
6. I am a resident of Florida and a spouse or dependent child of a member of the U.S. Armed Forces, who lost his/her life (submit proof of military death notification) or is listed as "Missing in Action" (MIA) (submit proof of MIA status).

The member of the U.S. Armed Forces must have been a resident of Florida at the time of enlistment. Registration must occur within one (1) year of notification of death or MIA status.

B. **THIS FORM SHOULD NOT BE USED WHEN:**

1. The U.S. Armed Forces member is not a resident of Florida **AND** is not assigned by military orders to the state of Florida.
2. The U.S. Armed Forces member is dishonorably discharged or discharged for bad conduct.
3. You are a member of a uniformed service, but not the U.S. Armed Forces.

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.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTORIST SERVICES
SUBMIT TITLE AND REGISTRATION FORMS TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

License Plate Rate Chart

*** REFER TO ADDITIONAL FEE EXPLANATION (Page 2)

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	NET WEIGHT IN POUNDS	ANNUAL TAX AND OTHER FEES *		
Yes	01	Automobiles, private use	Thru 2499	\$	27.60	The registration taxes in this section are not prorated. The full amount will be charged regardless of when during the registration period the vehicle is registered.
Yes	01	Automobiles, private use	2500-3499		35.60	
Yes	01	Automobiles, private use	3500 Up		45.60	
Yes	31	Trucks, private and commercial use	Thru 1999		27.60	
Yes	31	Trucks, private and commercial use	2000-3000		35.60	
Yes	31	Trucks, private and commercial use	3001-5000		45.60	
Yes	42	Chassis Mount Camper, unit affixed to truck chassis	Thru 4499		38.60	
Yes	42	Chassis Mount Camper, unit affixed to truck chassis	4500 Up		58.85	
Yes	42	Motor Home, living unit self-propelled	Thru 4499		38.60	
Yes	42	Motor Home, living unit self-propelled	4500 Up		58.85	
Yes	42	Private Motor Coach	Thru 4499		38.60	
Yes	42	Private Motor Coach	4500 Up		58.85	
**	52	Trailers, private use	Thru 500		18.35	
Yes	56	Trailers, drawn by "GVW" series truck-tractors			25.10	
Yes	62	Camp Trailers, constructed with folding walls			25.10	
No	70	Transporter			112.85	
Yes	77	Travel Trailer, up to 35 ft.			38.60	
Yes	96	Boy Scouts, Churches, etc.			15.60	
Yes	97	Exempt Government License Plates			9.80	
Yes	103	Permanent Semi-Trailer			101.80	Flat Rate
TITLE REQUIRED	TAX CLASS	CLASSIFICATION	LENGTH IN FEET	ANNUAL TAX AND OTHER FEES*	HALF YEAR TAX AND OTHER FEES*	QUARTER YEAR TAX AND OTHER FEES *
Yes	51	Mobile Homes	Up to 35	25.10	15.10	10.10
Yes	51	Mobile Homes	36 thru 40	30.10	17.60	11.35
Yes	51	Mobile Homes	41 thru 45	35.10	20.10	12.60
Yes	51	Mobile Homes	46 thru 50	40.10	22.60	13.85
Yes	51	Mobile Homes	51 thru 55	45.10	25.10	15.10
Yes	51	Mobile Homes	56 thru 60	50.10	27.60	16.35
Yes	51	Mobile Homes	61 thru 65	55.10	30.10	17.60
Yes	51	Mobile Homes	66 & Up	85.10	45.10	25.10
No	65	Motorized and Disability Access Vehicles		24.10	17.35	15.60
Yes	65	Motorcycles		24.10	17.35	15.60
No	69	Mopeds, pedal activated (motor NOT in excess of 2 BHP)		19.10	17.35	17.35
No	71	Dealer's License Plates – Franchised, Independent, Trailer Coach, Motorcycle, or Marine Boat Trailer		55.60	27.80	13.90
Yes	76	Park Trailers, regardless of length		36.60	24.10	17.85
Yes	78	Travel Trailers	Over 35	36.60	24.10	17.85
Yes	80	Antiques - Motorcycle		21.60	14.85	13.10
Yes	92	School Buses (privately owned) and Regular Wreckers		52.60	32.10	21.85
Yes	92	Hearses and Ambulances		52.10	31.85	21.73
Yes	94	Tractor Cranes, Power Shovels, Well Drillers and other such vehicles, so constructed and designed as a tool and not a hauling unit, used on the roads and highways incidental to the purpose for which designed.		55.60	33.60	22.61
Yes	95	Antiques - Passenger Cars		20.60	15.48	15.35

License Plate Rate Chart (continued)

These categories are computed based on CWT (per each 100 pounds) and may be purchased for 12, 6, or 3 months. Add the flat tax plus \$1.50 per each 100 pounds to determine the annual tax amount. Then compute one-half or one-quarter of the Annual Tax, if applicable. Add service and other fees.

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	WEIGHT	ANNUAL TAX FLAT (per cwt)	SERVICE AND OTHER FEES *
**	54	Trailers, "For Hire"	Thru 1999 lbs.	\$ 3.50 + 1.50 +	11.60
Yes	54	Trailers, "For Hire"	2000 lbs. & up	13.50 + 1.50 +	11.60
Yes	09	Automobiles "For Hire"	Passengers up to 8	17.00 + 1.50 +	11.60

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	MONTHLY PRORATION OF TAX											
		GVW	12	11	10	9	8	7	6	5	4	3	2	1
Yes	39	Forestry Trk-Trac	359.15	332.15	305.15	278.15	251.15	224.15	197.15	170.15	143.15	116.15	89.15	62.15
Yes	41	Trk-Trac 5001-5999	72.35	67.29	62.23	57.16	52.10	47.04	41.98	36.91	31.85	26.79	21.73	16.66
Yes	41	Trk-Trac 6000-7999	99.35	92.03	84.73	77.41	70.10	62.79	55.48	48.16	40.85	33.54	26.22	18.92
Yes	41	Trk-Trac 8000-9999	114.60	106.02	97.43	88.85	80.27	71.68	63.10	54.52	45.93	37.35	28.77	20.18
Yes	41	Trk-Trac 10000-14999	139.60	129.77	119.93	110.10	100.27	90.43	80.60	70.77	60.93	51.10	41.27	31.43
Yes	41	Trk-Trac 15000-19999	198.60	183.85	169.10	154.35	139.60	124.85	110.10	95.35	80.60	65.85	51.10	36.35
Yes	41	Trk-Trac 20000-26000	272.60	251.68	230.77	209.85	188.93	168.02	147.10	126.18	105.27	84.35	63.43	42.52
Yes	41	Trk-Trac 26001-34999	345.60	318.60	291.60	264.60	237.60	210.60	183.60	156.60	129.60	102.60	75.60	48.60
Yes	41	Trk-Trac 35000-43999	426.60	392.85	359.10	325.35	291.60	257.85	224.10	190.35	156.60	122.85	89.10	55.35
Yes	41	* Trk-Trac 44000-54999	794.60	730.18	665.77	601.35	536.93	472.52	408.10	343.68	279.27	214.85	150.43	86.02
Yes	41	* Trk-Trac 55000-61999	937.60	861.27	784.93	708.60	632.27	555.93	479.60	403.27	326.93	250.60	174.27	97.93
* For GVW Wreckers 44,000-55,000 lbs., reduce the fee by \$1.00. * For GVW wreckers 55,000-62,000 lbs., reduce the fee by \$1.00.														
Yes	41	Trk-Trac 62000-71999	1101.60	1011.60	921.60	831.60	741.60	651.60	561.60	471.60	381.60	291.60	201.60	111.60
Yes	41	Trk-Trac 72000-80000	1343.60	1233.44	1123.26	1013.10	902.94	792.76	682.60	572.44	462.26	352.10	241.94	131.76
Yes	91	Antique Trk - 5000 lbs. Net Wt.	20.60	19.98	19.35	18.73	18.10	17.48	16.85	16.76	16.76	16.76	16.76	16.76
Yes	93	Goats	19.10	18.48	17.85	17.23	16.60	15.98	15.35	15.26	15.26	15.26	15.26	15.26
Yes	102	Agri, Trk, Trac thru 43999	109.35	102.03	94.73	87.41	80.10	72.79	65.48	58.16	50.85	43.54	36.22	28.92
Yes	102	Agri, Trk, Trac 44000 – 80000	345.60	318.60	291.60	264.60	237.60	210.60	181.60	156.60	129.60	102.60	75.60	48.60

The categories below are computed based on CWT (per each 100 pounds) and may be monthly prorated. Add the flat fee plus the \$1.50 or \$2.00 amount, whichever applies, per each 100 pounds to determine the annual tax amount. Divide by 12 months to determine the tax per month. Then compute the tax by multiplying the monthly rate times the number of tax months due and add the service and other fees to determine the total amount.

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	NET WEIGHT IN POUNDS	ANNUAL TAX FLAT (per cwt)	SERVICE AND OTHER FEES *
**	53	Trailers, Private Use	501 Up	\$ 3.50 + 1.00 +	11.60
Yes	36	Buses May be registered semi-annually for one-half of registration tax and \$2.50 semi-annual fee.	Passengers 9 Up	17.00 + 2.00 +	21.60

FEES: * \$.10 Emergency Medical Services \$1.00 Air Pollution Control \$ 2.80 Advanced Replacement
\$ 0.50 Reflectorization \$1.00 Law Enforcement Radio System \$ 2.50 Accident Records
\$ 0.50 FRVIS \$1.50 Transportation Disadvantaged \$ 2.50 Service Charge
\$ 1.00 Juvenile Justice \$1.20 Surcharge for State Transportation \$10.00 State Transportation
\$ 1.00 Decal on Demand

** Trailers through 1999 pounds, are NOT titled.

*** Add \$28.00 when metal license plate is to be issued.

Add \$225.00 Initial Registration Fee when applicable. Refer to License Plate Rates Instruction Sheet (page 3) for additional information.

LICENSE PLATE RATES INSTRUCTION SHEET

I. REGISTRATION PERIODS

The 12-month registration period begins the first day of the owner's birth month (Exceptions: Company owned vehicles use the month of June; truck-tractors, semi-trailers, buses and mobile homes use a December birth month). If the rate chart indicates annual, half year, and quarter year fee calculations, you must determine the number of months of tax required. To determine the number of months of tax required, start with the month the vehicle was purchased or subject to registration and count through the month prior to the owner's birth month. Three months or less requires the quarter year rate, four to six months requires the half-year rate, and over six requires the full year rate. (Example: You purchased your vehicle in November and your birth month is June, count a total of seven months (November through May) and the full year rate would be required.

II. TRUCKS AND TRAILERS – WEIGHTS

For trucks weighing 5,000 lbs. or less, if the shipping weight is not available on the manufacturer's certificate of origin a certified weight affidavit from a weighing station is required. The gross vehicle weight (GVW) as declared by the owner, is required on all truck-tractors and trucks weighing over 5000 pounds.

For heavy trucks with net weight of 5001-7999 lbs., GVW is calculated by adding the net weight of the truck and the truck's load. For heavy trucks with net weight of 8000 lbs. up and truck-tractors, the GVW is calculated by adding the net weight of the truck or truck-tractor and its load to the net weight of the trailer and its load.

III. INITIAL REGISTRATION FEE

Imposed upon the initial application for registration of private automobiles, trucks 5,000 lbs. or less and motor homes.

The \$225.00 Initial Registration Fee does not apply to:

- A. Any registration renewal transaction.
- B. A transfer or exchange of a registration license plate for a motor vehicle that has been disposed of to a newly acquired motor vehicle in compliance with Sections 320.0609(2) or (5), Florida Statutes.
- C. Any initial registration that occurs when a transfer of Florida title is processed between co-owners as provided by Section 319.22, Florida Statutes, or when a transfer of ownership by operation of law occurs as provided by Section 319.28, Florida Statutes. Additionally, the fee does not apply when the transfer of title occurs from a person to a member of that person's immediate family. Section 657.002, Florida Statutes, defines immediate family as parents, children, spouse, or surviving spouse of the member, or any other relative by blood, marriage, or adoption residing in the same household with the registered owner.
- D. The registration of a motor vehicle owned by and operated exclusively for the personal use of:
 - 1) Any member of the United States Armed Forces, or his/her spouse or dependent child, who is not a resident of this state and who is stationed in this state while in compliance with military orders.
 - 2) Any former member of the United States Armed Forces, or his/her spouse or dependent child, who purchased such motor vehicle while stationed outside of Florida, who has separated from the Armed forces and was not dishonorably discharged or discharged for bad conduct, who was a resident of this state at the time of enlistment and at the time of discharge, and who applies for registration of such motor vehicle within 6 months after discharge.
 - 3) Any member of the United States Armed Forces, or his/her spouse or dependent child, who was a resident of this state at the time of enlistment, who purchased such motor vehicle while stationed outside of Florida, and who is now reassigned by military order to this state.
 - 4) Any spouse or dependent child of a member of the United States Armed forces who loses his life while on active duty or who is listed by the Armed Forces as "missing-in-action." Such spouse or child must be a resident of this state and the serviceman must have been a resident of this state at the time of enlistment. Registration of such motor vehicle must occur within 1 year of the notification of the serviceman's death or of his status as "missing-in-action."
 - 5) Any member of the United States Armed Forces, or his/her spouse or dependent child, who was a resident of this state at the time of enlistment, who purchased a motor vehicle while stationed outside of Florida, and who continues to be stationed outside of Florida.
- E. The registration of any motor vehicle owned or exclusively operated by the state or by any county, municipality, or other governmental entity.
- F. The registration of a truck defined as a "goat", or any other vehicle when used in the field by a farmer or in the woods for the purpose of harvesting a crop, including naval stores, during such harvesting operations, and which is not principally operated upon the roads of this state. The "goats" are registered under "class code 93".
- G. The registration of an automobile or truck defined as "ancient" (the vehicle was manufactured in 1945 or earlier) or "antique" (the vehicle was manufactured beginning 1946 and of the age of 30 years or more after the date of manufacture), pursuant to s. 320.086(1) or (2), Florida Statutes.
- H. The initial registration fee shall not apply to any newly acquired vehicle, upon submission of an affidavit, indicating that the previous vehicle (not disposed of) is not operational, or is in storage, or will not be operated on the streets and highways of this state.

IV. SALES TAX

Florida law requires sales tax to be collected on the purchase price of a motor vehicle, mobile home, or vessel. In the case of a straight sale, six (6) percent tax will be collected on the total purchase price. Straight sales are those sales that do not involve a trade-in of a motor vehicle, mobile home, or vessel.

In the case of sales involving trade-ins, sales tax must be collected on the amount of the cash difference between the retail value of the trade-in, as covered in any official used motor vehicle, mobile home or vessel guide, and the sale price of the motor vehicle, mobile home, or vessel acquired. The trade-in motor vehicle, mobile home, or vessel may be provided by a third party other than the purchaser. The trade-in motor vehicle, mobile home, or vessel does not have to be titled in the name of the purchaser, to be used for trade-in credit, as long as the motor vehicle, mobile home or vessel trade-in and the motor vehicle, mobile home or vessel purchase are part of a single transaction.

In addition to the six (6) percent sales tax, some counties charge a local discretionary sales surtax. Discretionary surtax is calculated on motor vehicles, mobile homes, or vessels when the residence address of the purchaser on the certificate of title or registration is located within a discretionary surtax county. The discretionary sales surtax applies to the first \$5,000 of the sales price. For more information on the discretionary surtax you may contact the Florida Department of Revenue or your Florida County Tax Collector's office.

Sales tax exemption information may be specified on an accurately completed form HSMV 82040, Application for Certificate of Title with/without Vehicle Registration.

CALCULATION OF FEES AND CHECK OFF LIST

ITEMS TO BE COMPLETED BEFORE SUBMITTING (see Tax Collectors Mailing List) YOUR REQUEST:		
1.	Enter the license plate fee from page 1 or 2. NOTE: A biennial registration may be issued by doubling the annual tax. Add both amounts and insert the total in the first space provided. If transferring a valid Florida license plate, see number six (6) below. Add \$28.00 when new metal license plate is to be issued. Add \$225.00 Initial Registration Fee, if applicable (See page 3, III). Add \$.50 branch fee if processing through a county branch office.	\$ _____ \$ _____ \$ _____ \$ _____
2.	Title fee (if applicable), enter \$75.25 for new vehicles, \$85.25 for vehicles previously registered in another state. Titles are not issued on trailers through 1,999 lbs., mopeds, or motorized bicycles. _____ If processing through a county branch office, add \$.50 branch fee.	\$ _____ \$ _____
3.	If recording a lien, enter \$2.00.	\$ _____
4.	If over 30 days from date of purchase, enter \$20.00 for a motor vehicle, \$10.00 for a vessel or off-highway vehicle.	\$ _____
5.	Enter a \$2.00 lemon law fee if application is for a new vehicle purchased or leased for one year or longer in Florida and is a passenger car or truck with a gross vehicle weight of 10,000 pounds or less (only applies to Florida Dealers and Leasing Companies).	\$ _____
6.	If transferring a valid Florida license plate to a replacement vehicle, enter \$4.10. If additional transfer fee required, enter \$4.50 (any license plate transferred to or from any vehicle other than a passenger automobile or truck under 5,000 lbs. will require a transfer fee in addition to the regular tax and fees indicated above).	\$ _____ \$ _____
7.	Enter mail fee (\$5.45 first class metal license plate; or for renewal decal \$.85).	\$ _____
8.	If sales tax is due, enter amount (refer to page 3, IV). If requesting a dealer license plate, enter annual use tax of \$27.00 per license plate.	\$ _____ \$ _____
9.	If requesting expedited title service: Add \$10.00 additional fee per application.	\$ _____
10.	If you are requesting the actual paper certificate of title to be mailed to you, add \$2.50. If you are requesting the title to be held electronically by the department, there is no fee. <u>This information must be specified in section 1 on your accurately completed form HSMV 82040, Application for Certificate of Title With/Without Registration.</u>	\$ _____
11.	If requesting a Personalized License Plate, enter the additional fee based on license plate type. * See below for more information.	\$ _____
12.	If requesting a Specialty License Plate, enter the additional fee based on license plate type as well as the \$5.00 processing fee. ** See below for more information.	\$ _____
13.	Amount due: Enter total of above lines 1-12.	\$ _____
OWNER'S CHECK OFF LIST (CHECK EACH APPROPRIATE BOX, AFTER COMPLETION:)		
14.	Enter the total from line 13 on your check/money order, made payable to your County Tax Collector.	<input style="width: 40px; height: 20px;" type="checkbox"/>
15.	Proof of insurance enclosed (see attached Florida Insurance Affidavit and Military Insurance Exemption Information).	<input style="width: 40px; height: 20px;" type="checkbox"/>
16.	Proof of ownership (documents will be retained by the Department): a.) New Cars: Manufacturer's certificate of origin from all states, except the State of Nevada, which also requires the dealer's report of sale form. Used Cars: (cars already titled/registered in another state): Certificate of title, if from a title state, or registration or other official document showing ownership must be submitted, if from a non-title state or foreign country.	<input style="width: 40px; height: 20px;" type="checkbox"/>
17.	All required application forms must be accurately completed and signed.	<input style="width: 40px; height: 20px;" type="checkbox"/>

Additional fees are due for a personalized or specialty license plate.

* For Personalized License Plate fee information, see form HSMV 83043, Application for Personalized License Plate:
<http://www.flhsmv.gov/dmv/forms/BTR/83043.pdf>.

** For Specialty License Plate information, visit the following website: <http://www.flhsmv.gov/dmv/specialtytags/>.

YOUR REQUEST WILL BE RETURNED UNPROCESSED, UNLESS YOU HAVE COMPLIED WITH ALL OF THE ABOVE INSTRUCTIONS.

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