



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% 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 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 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 VESSEL 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

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		
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: VESSEL DESCRIPTION

Hull (Vessel) Identification Number (HIN)	<input type="checkbox"/> HIN is needed (Vessel does not have a HIN)	Florida Title Number	FL/DO Number	Renewal of Number <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Principal Use
Make/Manufacturer	Model	Year	Weight	Length ft. in.	Draft of Vessel (The depth of water a vessel draws.) For all vessels 26' or more in length and all sailboats. ft. in.
<input type="checkbox"/> I certify the vessel listed above has previously been branded as a damaged hull. <input type="checkbox"/> I certify the vessel listed above has previously been branded as: Specify: _____					State of brand assignment (If known)
Vessel Type		Hull Material	Propulsion Type	Engine Drive Type	Fuel
<input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Pontoon <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Paddle Craft <input type="checkbox"/> Sailboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Other: _____ (Specify)		<input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Sterndrive <input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____ (Specify)
Primary Operation					
<input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Charter Fishing <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Exempt <input type="checkbox"/> Recreational Rent or Lease <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Passenger Carrying <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Government <input type="checkbox"/> Commercial Other: <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Dealer/Manuf. Demonstration <input type="checkbox"/> Recreational (Pleasure) _____ (Specify)					

Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION

If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known)			
<input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-state . <input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-country .			
Previous State of Issue	Previous Registration Number	Previous State of Issue	Previous Registration Number

Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

<input type="checkbox"/> I certify the vessel listed above is not currently a documented vessel or foreign-documented vessel. (If selected, one of the documents listed below is required.)	
<input type="checkbox"/> U.S. Coast Guard Release Documentation Form is attached	<input type="checkbox"/> Copy of Canceled Documentation Papers/Record is attached



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Section 5: 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 vessel title to the owner and sign here: _____		

Section 6: SECURITY INTEREST

<input type="checkbox"/> I certify that the vessel listed above has security interests. (More than one form HSMV 82040 may be used for additional secured parties.)				
Secured Party's Name	Secured Party's Mailing Address	City	State	Zip Code

Section 7: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the vessel 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 8: DEALER SALES TAX REPORT AND VESSEL 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)	Vessel Identification Number of Trade In	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)

I certify the recreational vessel 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"/> Vessel will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the vessel 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 vessel 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 vessel identified will not be operated on the waters of this state until properly registered.
<input type="checkbox"/> Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the HIN. (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 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 vessel 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 VESSEL TITLE

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Application Type: ☐ Original ☐ Transfer

Request to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: Mailed

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
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
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)	City	State	Date of Birth
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
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address	City	State	Date of Birth
Co-Owner's/Lessee's Residential Street Address		City	State	Zip Code

Section 2: VESSEL DESCRIPTION

Hull (Vessel) Identification Number (HIN)	<input type="checkbox"/> HIN is needed (Vessel does not have a HIN)	Florida Title Number	FL/DO Number	Renewal of Number <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Principal Use
Make/Manufacturer	Model	Year	Weight	Length ft. in.	Draft of Vessel (The depth of water a vessel draws.) For all vessels 26' or more in length and all sailboats. ft. in.
<input type="checkbox"/> I certify the vessel listed above has previously been branded as a damaged hull. <input type="checkbox"/> I certify the vessel listed above has previously been branded as: Specify: _____					State of brand assignment (If known)
Vessel Type <input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Pontoon <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Paddle Craft <input type="checkbox"/> Sailboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Other: _____ (Specify)		Hull Material <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____ (Specify)	Propulsion Type <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other: _____ (Specify)	Engine Drive Type <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Sterndrive <input type="checkbox"/> Other: _____ (Specify)	Fuel <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____ (Specify)
Primary Operation <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Charter Fishing <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Exempt <input type="checkbox"/> Recreational Rent or Lease <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Passenger Carrying <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Government <input type="checkbox"/> Commercial Other: <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Dealer/Manuf. Demonstration <input type="checkbox"/> Recreational (Pleasure) _____ (Specify)					

Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION

If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known)			
<input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-state . <input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-country .			
Previous State of Issue	Previous Registration Number	Previous State of Issue	Previous Registration Number

Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

<input type="checkbox"/> I certify the vessel listed above is not currently a documented vessel or foreign-documented vessel. (If selected, one of the documents listed below is required.)	
<input type="checkbox"/> U.S. Coast Guard Release Documentation Form is attached	<input type="checkbox"/> Copy of Canceled Documentation Papers/Record is attached



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Section 5: 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 vessel title to the owner and sign here: _____		

Section 6: SECURITY INTEREST

<input type="checkbox"/> I certify that the vessel listed above has security interests. (More than one form HSMV 82040 may be used for additional secured parties.)				
Secured Party's Name	Secured Party's Mailing Address	City	State	Zip Code

Section 7: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the vessel 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 8: DEALER SALES TAX REPORT AND VESSEL 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)	Vessel Identification Number of Trade In	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)

I certify the recreational vessel 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"/> Vessel will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the vessel 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 vessel 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 vessel identified will not be operated on the waters of this state until properly registered. <input type="checkbox"/> Other: (explain) _____
--

Section 12: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the HIN. (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 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 vessel to:		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date

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	7% 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	\$ _____
5.	Sales Tax *If not included in the sale price of boat (above) Add 6.5% of purchase price		\$ _____

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	

Trailer Registration Fee Chart

Amount of Months Until Upcoming Birthday

Weight	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
550	\$17.10	\$17.10	\$17.10	\$17.10	\$17.10	\$17.10	\$17.65	\$18.44	\$19.24	\$20.01	\$20.82	\$21.60	\$22.40	\$26.49	\$27.29	\$36.86	\$37.67	\$38.45
650	\$17.10	\$17.10	\$17.10	\$17.10	\$17.10	\$17.36	\$18.22	\$19.11	\$19.98	\$20.85	\$21.72	\$22.60	\$23.48	\$27.66	\$28.53	\$38.19	\$39.08	\$39.96
750	\$17.10	\$17.10	\$17.10	\$17.10	\$17.10	\$17.85	\$18.81	\$19.77	\$20.73	\$21.68	\$22.64	\$23.60	\$24.56	\$28.82	\$29.78	\$39.53	\$40.49	\$41.45
850	\$17.10	\$17.10	\$17.10	\$17.10	\$17.31	\$18.36	\$19.39	\$20.44	\$21.48	\$22.52	\$23.56	\$24.60	\$25.64	\$30.00	\$31.03	\$40.86	\$41.91	\$42.96
950	\$17.10	\$17.10	\$17.10	\$17.10	\$17.73	\$18.85	\$19.98	\$21.11	\$22.24	\$23.34	\$24.48	\$25.60	\$26.73	\$31.16	\$32.29	\$42.19	\$43.33	\$44.45
1050	\$17.10	\$17.10	\$17.10	\$17.10	\$18.15	\$19.36	\$20.55	\$21.77	\$22.98	\$24.18	\$25.39	\$26.60	\$27.81	\$32.33	\$33.53	\$43.53	\$44.75	\$45.96
1150	\$17.10	\$17.10	\$17.10	\$17.10	\$18.56	\$19.85	\$21.14	\$22.44	\$23.73	\$25.01	\$26.31	\$27.60	\$28.89	\$33.49	\$34.78	\$44.86	\$46.16	\$47.45
1250	\$17.10	\$17.10	\$17.10	\$17.10	\$18.97	\$20.36	\$21.73	\$23.11	\$24.48	\$25.85	\$27.23	\$28.60	\$29.97	\$34.66	\$36.03	\$46.19	\$47.57	\$48.96
1350	\$17.10	\$17.10	\$17.10	\$17.10	\$19.40	\$20.85	\$22.31	\$23.77	\$25.24	\$26.68	\$28.14	\$29.60	\$31.06	\$35.82	\$37.29	\$47.53	\$49.00	\$50.45
1450	\$17.10	\$17.10	\$17.10	\$17.10	\$19.81	\$21.36	\$22.89	\$24.44	\$25.98	\$27.52	\$29.06	\$30.60	\$32.14	\$37.00	\$38.53	\$48.86	\$50.41	\$51.96
1550	\$17.10	\$17.10	\$17.10	\$17.10	\$20.23	\$21.85	\$23.47	\$25.11	\$26.73	\$28.34	\$29.98	\$31.60	\$33.22	\$38.16	\$39.78	\$50.19	\$51.83	\$53.45
1650	\$17.10	\$17.10	\$17.10	\$17.10	\$20.64	\$22.36	\$24.06	\$25.77	\$27.48	\$29.18	\$30.89	\$32.60	\$34.30	\$39.33	\$41.03	\$51.53	\$53.24	\$54.96
1750	\$17.10	\$17.10	\$17.10	\$17.10	\$21.07	\$22.85	\$24.65	\$26.44	\$28.24	\$30.01	\$31.81	\$33.60	\$35.40	\$40.49	\$42.29	\$52.86	\$54.67	\$56.45
1850	\$17.10	\$17.10	\$17.10	\$17.10	\$21.48	\$23.36	\$25.22	\$27.11	\$28.98	\$30.85	\$32.72	\$34.60	\$36.48	\$41.66	\$43.53	\$54.19	\$56.08	\$57.96
1950	\$17.10	\$17.10	\$17.10	\$17.10	\$21.89	\$23.85	\$25.81	\$27.77	\$29.73	\$31.68	\$33.64	\$35.60	\$37.56	\$42.82	\$44.78	\$55.53	\$57.49	\$59.45

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/>