



Main Office Hours

Monday - Friday 8:00am - 4:00pm

Ph: (850) 638-6275

Fx: (850) 638-6067

Drivers License Hours

Monday - Friday 8:00am - 3:30pm

Ph: (850) 638-6284

Here's a list of the necessary documents for a title transfer

1. Title application [form # HSMV 82040]
2. VIN verification [form # HSMV 82042]
3. Proof of Insurance
4. Tag transfer/new tag

*If signing on behalf of someone else with a Power of Attorney (form HSMV 82053) and the vehicle is less than 10 years old, you will NOT be able to sign as seller and purchaser with POA

**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION**

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

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

1 OWNER / APPLICANT INFORMATION					
Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>	Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no	Unit Number	Fleet Number
		Owner	Co-Owner		
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		

OR AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."
If applicable: Life Estate/Remainder Person Tenancy By the Entirety With Rights of Survivorship Owner's County of Residence:

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Owner's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Co-Owner's/Lessee's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Owner's Mailing Address (Mandatory unless a member of the Military)	City	State	Zip	
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)	City	State	Zip	
Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)	City	State	Zip	
Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>	City	State	Zip	
Mail To Customer Name (If different From Above Owner)	Mail To Customer's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Mail To Customer Address (If different From Above Mailing Address)	City	State	Zip	

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION									
Vehicle/Vessel Identification Number	Make/Manufacturer	Year	Body	Color	Florida Title Number				
Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length Ft.	In.	BHP/CC	GVW/LOC	VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER		
TYPE		HULL MATERIAL		PROPULSION		FUEL		*DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ <small>*For all vessels 26' or more in length and all sailboats</small>	
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail	<input type="checkbox"/> Gas			
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Pontoon	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel	<input type="checkbox"/> Inboard	<input type="checkbox"/> Air Propelled	<input type="checkbox"/> Diesel			
<input type="checkbox"/> Auxiliary Sailboat	<input type="checkbox"/> Airboat	<input type="checkbox"/> Wood/Fiberglass		<input type="checkbox"/> Inboard/Outboard		<input type="checkbox"/> Electric			
<input type="checkbox"/> Inflatable	<input type="checkbox"/> Sailboat	<input type="checkbox"/> Other _____	Specify	<input type="checkbox"/> Other _____	Specify	<input type="checkbox"/> Other _____			
USE OF VESSEL								PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:	
<input type="checkbox"/> Recreational (Pleasure)	<input type="checkbox"/> Commercial Blue Crab	<input type="checkbox"/> Commercial Stone Crab	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial Sponge					
<input type="checkbox"/> Dealer/Manuf.	<input type="checkbox"/> Commercial Fish	<input type="checkbox"/> Commercial Live Bait	<input type="checkbox"/> Commercial Shrimp Recip.	<input type="checkbox"/> Commercial Charter	<input type="checkbox"/> Commercial Other _____				
<input type="checkbox"/> Exempt	<input type="checkbox"/> Hire (Livery)	<input type="checkbox"/> Commercial Mackerel	<input type="checkbox"/> Commercial Shrimp Non-Recip.	<input type="checkbox"/> Commercial Oyster	<input type="checkbox"/> Commercial Spiny Lobster				
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers					State of Principal Use				

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)										
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ILEV	<input type="checkbox"/> CUSTOM		
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD		

4 LIENHOLDER INFORMATION					
CHECK IF ELT CUSTOMER <input type="checkbox"/>	FEID # <input type="checkbox"/>	DL # and Sex and Date of Birth <input type="checkbox"/>	DMV Account # <input type="checkbox"/>	Date of Lien	Lienholder's Name
Lienholder's Email Address		Lienholder's Address		City	State Zip
<input type="checkbox"/> If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____ (Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)					

5 TRANSFER TYPE	
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?	
<input type="checkbox"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER <input type="checkbox"/> OTHER (SPECIFY) _____	DATE ACQUIRED ____/____/____

6 ODOMETER DECLARATION

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS 5 OR 6 DIGIT ODOMETER NOW READS , .xx (NO TENTHS) MILES, DATE READ ____/____/____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

1. REFLECTS ACTUAL MILEAGE. 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. 3. IS NOT THE ACTUAL MILEAGE.

7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)				
FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN	

8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: _____
(Vehicle Identification Number)

DATE SIGNATURE PRINTED NAME

Law Enforcement Officer or Florida Dealer/Agency Name Badge # or Florida Dealer # Notary Stamp or Seal

FL DMV/Tax Collector Employee Florida Compliance Examiner/Inspector Badge or ID Number

COMMISSIONED NAME OF FLORIDA NOTARY: (Print, Type or Stamp) NOTARY'S SIGNATURE

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER

MOTOR VEHICLE MOBILE HOME VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL SALES TAX REGISTRATION NUMBER

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: INHERITANCE GIFT

DIVORCE DECREE TRANSFER BETWEEN A MARRIED COUPLE EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")

OTHER: (EXPLAIN)

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

- I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
- (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.
- I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).
- I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

- I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.
- THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.
- THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.
- OTHER: (EXPLAIN)

12 APPLICATION ATTESTMENT AND SIGNATURES

I/W/E PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (More than one form HSMV 82040 may be used for additional signatures.)

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

SIGNATURE OF APPLICANT (OWNER) Date SIGNATURE OF APPLICANT (CO-OWNER) Date

13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state(s) as follows: That _____ died on _____
(Name of Deceased) (Date)

- testate (with a will) intestate (without a will) and left the surviving heir(s) named below.
- When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

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

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

Print or Type Name of Spouse, Co-owner or Heir(s) Signature of Spouse, Co-Owner or Heir(s)

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

Name of Applicant(s) (Print or Type)

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.

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

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)

VIN VERIFICATION BY AN OUT OF STATE MOTOR VEHICLE DEALER:

IF THE VEHICLE IDENTIFICATION NUMBER (VIN) IS VERIFIED BY AN OUT-OF-STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY.

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

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.

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<http://www.flhsmv.gov/offices/>