

HSMV 84490 (Rev. 04/16)

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

STATEMENT OF BUILDER

REBUILT	☐ ASPT ☐ KIT C	AR	OTHER:					
SECTION I. DESCRIPTION C	OF MOTOR VEHICLE	мото	RCYCLE	MOBILE HOME				
	Identification Number	Color Title State:	Body	Length				
4. Motor Vehicle/Motorcyc	cle is complete and in road operabl	le condition.	_	(Initials)				
Mobile Home is habitab	_	(Initials)						
SECTION I	II. MAJOR COMPONENT PARTS U	SED IN THE BUILD	NG/REPAIR PROCE	SS				
cowl assembly, rear quarte or airbag.1. This section is not applied.	on _	oor pan, engine, fra	ycle or \square Mo	catalytic converter				
2. List the major compone	ent parts used in the building/repa	ir process (if additi	onal space is neede	d, please use form				
HSMV 84491). Part Ne	w Used Repaired After	<mark>rmarket</mark> Homer	anda Ca	urce/VIN				
	ot applicable, describe the repairs n the original MSO, bill of sale(s), or and signature of seller).			•				
4. Number of Receipts: _								
SECTION III. CUSTOM VEHICLE OR STREET ROD								
to these statements will cause The vehicle will not be exhibitions, club actions. The vehicle meets statement relating to a custom statement relating to a custom.	e required to be attested to according the this agency to reject your application used for general daily transportativities, parades, tours, or other functiate equipment and safety requirement and safety requirement and by signature below, I acknowledged to the vehicle or street rod.	ation. ion but will be main ions of public intere ents for motor vehi- the certificate of tit	etained for occasional est and similar uses. cles that were in effe e. tatements above as r	al transportation, act in this state as a my written				
Signature			Date					

	SECTION IV.	APPLICANT IN	FORMATION AN	ID SIGNATURE				
The undersigned h	ereby certifies that the vor perjury, I declare the NO MATERIAL INFORMATION	AT I HAVE READ T	HE FOREGOING D	OCUMENT AND THAT	T THE FACTS	PROVIDED		
PRINTED NAME OF APPLICANT/BUSINESS			PRINTED NAME OF APPLICANT/BUSINESS					
STREET ADDRESS			STREET ADDRESS					
CITY TELEPHONE NUM	STATE BER:	ZIP	CITY TELEPHONE I	STATE		ZIP		
SIGNATU	JRE OF APPLICANT/BUSII	NESS	SIG	NATURE OF APPLICA	ANT/BUSIN	ESS		
	C.F.O.	TION V. HSM	1V OFFICE USE O					
D-1: D-2: D-3:			Title State: Year:	oer: Odom Make: Color:	eter:			
Please mark the ap	opropriate answer:		FR'	VIS	☐ Y	es \square No		
Secondary VIN Ver Federal Decal Replacement VIN F Vehicle Painted Pri This ASPT/Vehicle Odometer Replace Mobile Home Use Comments:	Plate/Decal Yes or to Inspection Yes resembles a: Yes ment Notice: Yes	s □ No	NIC Tax Co Flo The	_	ked Y	res No		
and completed Sec	perjury, I declare that I ction V based on that ins	pection.	ection of this mo		cycle, or mo	obile home Date		
Signature of	PRVIP Inspector	Print Nar	ne of PRVIP Insp	ector Co	o/Agv #	Date		