



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 <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: _____ / _____ / _____		

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 _____ , _____ .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.			



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Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION (If applicable)				
Florida Sales Tax Registration Number	Dealer License Number	Date of Sale	Amount of Tax	Dealer/Agent Signature
Year of Trade In	Make of Trade In	Title Number of Trade In (If known)	Vehicle Identification Number (VIN) of Trade In	

Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION
 This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a licensed Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. **Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.**

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

Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date
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Select which option best represents the certifying inspector:

Law Enforcement Agency Name: _____ Badge Number: _____

Florida Dealer Dealer Name: _____ Dealer Number: _____

FLHSMV Office Name: _____ User ID/Badge: _____

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

Florida Notary Public (Stamp or Seal)

Signature: _____

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)
The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

Purchaser (state agencies, counties, etc.) holds valid exemption certificate 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:

Inheritance Gift Divorce Decree Transfer between a married couple Other: _____

Even trade or trade down _____
 (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)

Section 10: REPOSSESSION DECLARATION

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

Section 11: NON-USE AND OTHER CERTIFICATIONS

If checked, the following certifications are made by the applicant:

I certify that the certificate of title is lost or destroyed.

The vehicle identified will not be operated on the streets and highways of this state until properly registered.

Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the VIN. (More than one form HSMV 82040 may be used for additional signatures.)
Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

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

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

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

Testate (with a will) Intestate (without a will) and left the surviving heir(s) named below.

When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.
 (More than one form HSMV 82040 may be used for additional signatures.)

Full Name of <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