



## STATEMENT OF BUILDER

REBUILT                     
  ASPT                     
  KIT CAR                     
  OTHER: \_\_\_\_\_

MOTOR VEHICLE                     
  MOTORCYCLE                     
  MOBILE HOME

1. \_\_\_\_\_ Year      \_\_\_\_\_ Make      \_\_\_\_\_ Identification Number      \_\_\_\_\_ Color      \_\_\_\_\_ Body      \_\_\_\_\_ Length
2. Title Number: \_\_\_\_\_ Title State: \_\_\_\_\_
3. Other/Title Number: \_\_\_\_\_ Title State: \_\_\_\_\_
4. Motor Vehicle/Motorcycle is complete and in road operable condition. \_\_\_\_\_ (Initials)  
 Mobile Home is habitable for residential or commercial purposes. \_\_\_\_\_ (Initials)

**SECTION II. MAJOR COMPONENT PARTS USED IN THE BUILDING/REPAIR PROCESS**

**Note:** Major component parts defined as: For motor vehicles other than motorcycles, any fender, hood, bumper, cowl assembly, rear quarter panel, trunk lid, door, deck lid, floor pan, engine, frame, transmission, catalytic converter or airbag.

1. This section is not applicable as the  Motor Vehicle  Motorcycle or  Mobile Home was purchased from \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_\_, in complete rebuilt or ASPT condition.
2. List the major component parts used in the building/repair process (if additional space is needed, please use form HSMV 84491).

Part	New	Used	Repaired	Aftermarket	Homemade	Source/VIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. When Section II (1) is not applicable, describe the repairs made in detail. (If additional space is needed, please use form HSMV 84491. Attach the original MSO, bill of sale(s), or receipt(s) for all major component parts (must contain name, address, telephone, and signature of seller). \_\_\_\_\_
4. Number of Receipts: \_\_\_\_\_

**SECTION III. CUSTOM VEHICLE OR STREET ROD**

**The following statements are required to be attested to according to section 320.0863, Florida Statutes. Failure to attest to these statements will cause this agency to reject your application.**

- The vehicle will not be used for general daily transportation but will be maintained for occasional transportation, exhibitions, club activities, parades, tours, or other functions of public interest and similar uses.
- The vehicle meets state equipment and safety requirements for motor vehicles that were in effect in this state as a condition of sale in the year listed as the model year on the certificate of title.

**By checking the boxes above and by signature below, I acknowledge and attest to the statements above as my written statement relating to a custom vehicle or street rod.**

Signature

Date

**SECTION IV. APPLICANT INFORMATION AND SIGNATURE**

Date: \_\_\_\_\_

The undersigned hereby certifies that the vehicle conforms to Florida and Federal Motor Vehicle Safety Standards. **UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS PROVIDED HEREIN ARE TRUE. NO MATERIAL INFORMATION REGARDING THE MOTOR VEHICLE, MOTORCYCLE, OR MOBILE HOME HAS BEEN OMITTED.**

_____ PRINTED NAME OF APPLICANT/BUSINESS			_____ PRINTED NAME OF APPLICANT/BUSINESS		
_____ STREET ADDRESS			_____ STREET ADDRESS		
_____ CITY	_____ STATE	_____ ZIP	_____ CITY	_____ STATE	_____ ZIP
TELEPHONE NUMBER: _____			TELEPHONE NUMBER: _____		
_____ SIGNATURE OF APPLICANT/BUSINESS			_____ SIGNATURE OF APPLICANT/BUSINESS		

**SECTION V. \ 77@- USE ONLY**

*Signature below only attests to H Inspection and does not apply to verification of Sections I, II, III or IV completed by applicant.*

VIN: _____	Title Number: _____
D-1: _____	Title State: _____ Odometer: _____
D-2: _____	Year: _____ Make: _____
D-3: _____	Body: _____ Color: _____
D-4: _____	Audit #: _____ Region #: _____

**Please mark the appropriate answer:**

Secondary VIN Verified  Yes  No

Federal Decal  Yes  No

Replacement VIN Plate/Decal  Yes  No

Vehicle Painted Prior to Inspection  Yes  No

This ASPT/Vehicle resembles a: \_\_\_\_\_

FRVIS  Yes  No

Previous Rebuilt Title  Yes  No

NICB Check  Yes  No

Tax Due On: \_\_\_\_\_

Component Parts Marked  Yes  No

Flood Damaged  Yes  No

Theft  Yes  No

Mobile Home Use Only: \_\_\_\_\_ Mobile Home was measured  With Tongue or  Without Tongue

Comments: \_\_\_\_\_

***Under penalties of perjury, I declare that I have made inspection of this motor vehicle, motorcycle, or mobile home and completed Section V based on that inspection.***

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Print Name of Inspector

\_\_\_\_\_

\_\_\_\_\_  
Date