

# **INFORMATION NOTICE**

# **DIVISION OF MOTORIST SERVICES**

DATE: 06/26/23 Information Notice (INFO)

SUBJECT: Updates to Form HSMV 82040 Application for Certificate of

Title

#### **Overview:**

In compliance with <u>Sections 328.015</u> and <u>328.0015</u>, <u>Florida Statutes</u>, and <u>33 CRF § 174</u>, <u>Subpart A</u>, the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) has updated Form HSMV 82040 Application for Certificate of Title With/Without Registration. As of July 1, 2023, HSMV 82040 has been updated into three separate forms:

- HSMV 82040 MV Application for Certificate of Motor Vehicle Title HSMV 82040 MV
- HSMV 82040 VS Application for Certificate of Vessel Title HSMV 82040 VS
- HSMV 82040 MH Application for Certificate of Mobile Home Title HSMV 82040 MH

Effective July 1, 2023, all certificates of Florida titles issued for vessels will be required to be processed using Form HSMV 82040 VS – Application for Certificate of Vessel Title. The signed Form HSMV 82041 will no longer be accepted in lieu of Form HSMV 82040 VS.

FLHSMV anticipates accepting the current HSMV 82040 - Application for Certificate of Title With/Without Registration for Motor Vehicles and Mobile Homes titles until December 31, 2023.

Effective January 1, 2024, all certificate of Florida titles issued for motor vehicles and mobile homes will be required to be processed using Forms HSMV 82040 MV – Application for Certificate of Motor Vehicle Title and HSMV 82040 MH – Application for Certificate of Mobile Home Title.

#### **Details:**

HSMV 82040 Application for Certificate of Motor Vehicle Title, Section 2, has been updated to solely reflect Motor Vehicle Description. This form should be used as the application for certificate of title for the following vehicle types:

- AU Auto
- BS Bus
- MC Motorcycle
- OH Off-Highway

- TO Tools
- TR Truck
- TT Travel Trailers
- VT Vehicle Trailers

HSMV 82040 Application for Certificate of Vessel Title, Section 2: Vessel Description, Section 3: Out-of-State/Out-of-Country Certification, Section 4: Documented/Foreign-Documented Vessel Certification, and Section 6: Security Interest have been updated.

This form should be used as the application for certificate of title for the following vehicle type: VS – Vessel.

Section 2: Vessel Description has been updated to include the following fields:

- Hull (Vessel) Identification Number (HIN)
- HIN is needed (Vessel does not have a HIN), Checkbox
- Renewal of Number, Yes or No Checkboxes
- State of Principal Use
- "I certify the vessel listed above has previously been branded as a damaged hull.",
   Checkbox
- "I certify the vessel listed above has previously been branded as: Specify:"
- State of brand assignment (if known)
- Previous field "Type'" has been updated to "Vessel Type", the following options have been added to Vessel Type:
  - o Paddle Craft

- Rowboat
- The Hull Material field has been updated with the following options added:
  - Rubber/Vinyl/Canvas

- o Plastic
- The Propulsion Type field has been updated with the following options added:
  - Air Thrust

Water Jet

Propeller

- Manual
- Engine Drive Type field has been added with the following options:
  - Inboard

Pod Drive

Inboard/Outboard

Sterndrive

- Previous field "Use of Vessel" has been updated to "Primary Operation", the following options have been added to Primary Operation:
  - Commercial Charter Fishing

Recreational Rent or Lease

Commercial Passenger
 Carrying

Section 3: Out-of-State/Out-of-Country Certification has been added to the Application with the following fields:

- The vessel listed above has previously been titled or registered out-of-state. Checkbox.
- The vessel listed above has previously been titled or registered out-of-country.
   Checkbox.
- Previous State of issue
- Previous Registration Number

Section 4: Documented/Foreign-Documented Vessel Certification has been added to the Application with the following fields:

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

Section 6: Security Interest has been added to the Application with the following fields:

- "I certify that the vessel above has security interest. (More than one form HSMV 82040 may be used for additional secured parties.) Checkbox.
- Secured Party's Name
- Secured Party's Mailing Address
- City
- State
- Zip Code

HSMV 82040 Application for Certificate of Mobile Home Title, Section 2, has been updated to solely reflect Mobile Home Description. This form should be used as the Application for Certificate of Title for the following Vehicle Type: MH – Mobile Home.

## **Conclusion:**

Below are samples of the forms: HSMV 82040 Application for Certificate of Motor Vehicle Title, HSMV 82040 Application for Certificate of Vessel Title, and HSMV 82040 Application for Certificate of Mobile Home Title.

If you need additional information, please contact your next level of management or the Field Support Center.



#### **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.

| <b>Application Type:</b> □ Origina  |  |             |                              | •             |        |                             |                        | $\square$ No $\square$ | Yes: Ir       | n office   | $\square$ Yes: Mailed        |
|---|--|-------------|------------------------------|---------------|--------|-----------------------------|------------------------|------------------------|---------------|------------|------------------------------|
| Off-Highway Vehicle Type:   |  | (ATV)       | ☐ Recreat                    | ional Off-H   | lighwa | ay Vehic                    | le (ROV)               | □ Of                   | f-Highw       | vay Moto   | orcycle (OHM)                |
| Section 1: OWNER/APPLICAN   |  |             | 1                            | '( <b>A</b> 1 |        |                             | 0 1 0                  |                        |               |            |                              |
| Customer Number   | Fleet Number   |             | Ur                           | it Number     |        |                             | Owner's C              | County of F            | Residenc      | ce         |                              |
|   | Florida Resident? ☐ YES  |             | •                            |               |        |                             |                        |                        |               |            |                              |
| When joint ownership, please inc<br>☐ OR ☐ AND (If n  | dicate if "or" or "and" is to be<br>either box is checked, the |             |                              |               |        | ct, if applic<br>nancy by t | cable:<br>the Entirety |                        |               |            | ainder Person<br>urvivorship |
| Owner's Name as It Appears on (First, Full Middle/Maiden, & Last Nat  | Owner's  | Email (Vol  | untary)                      | ;             | Sex    | Date of Birth               |                        |                        |               |            |                              |
| FL DL/ID or FEID/Suffix Number  | Owner's Mailing Addres   | SS          | L                            |               |        | City                        |                        |                        | ;             | State      | Zip Code                     |
| Owner's Residential Street Addre  | ess  |             |                              |               |        | City                        |                        |                        | ;             | State      | Zip Code                     |
| Mail To Customer Name (If different   | ent from above owner)  |             | Mail To's Pho<br>(Voluntary) | one Numbe     | r      | Mail To's                   | s Email <i>(Vo</i>     | luntary)               | ;             | Sex        | Date of Birth                |
| FL DL/ID or FEID/Suffix Number  | Mail To's Address (If diff                                     | ferent from | above mailing a              | ddress)       |        | City                        |                        |                        | ;             | State      | Zip Code                     |
| Co-Owner Details: Are you a l   | <br>Florida Resident? □ YES [                                  | ¬ NO   Are  | e vou a US Cit               | tizen? □ YI   | =S □ N | NO Are                      | vou deaf o             | r hard of he           | earing?       | (Voluntary | L YES □ NO                   |
| Co-Owner Details:       Are you a Florida Resident? □ YES □ NO   Are you a US Citizen? □ YES □ NO   Are you deaf or hard of hearing? (Voluntary) □ YES □ 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 Bi |  |             |                              |               |        |                             |                        |                        | 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 Residentia  | l Street Address   |             |                              |               |        | City                        |                        |                        | ;             | State      | Zip Code                     |
| Section 2: MOTOR VEHICLE DESCRIPTION  |  |             |                              |               |        |                             |                        |                        |               |            |                              |
| Vehicle Identification Number (V  |  | Florida T   | itle Number                  |               | Lic    | ense Plat                   | te Number              |                        | Previo        | us State   | of Issue                     |
| Make/Manufacturer   | Model  | Year        | Body                         | Color         | I      |                             | Weight                 |                        | GVW           |            | BHP/CC                       |
| Van Use ( <i>If applicable</i> )  □ Passenger □ Other   | Fuel Type  ☐ Natural Gas (Liquid)                              | □ Natur     | al Gas (Comp                 | ressed) [     | □ Hybr | id (Gas/E                   | lectric)               | ☐ Hybrid (I            | Diesel/E      | Electric)  | □ Electric                   |
| Section 3: BRANDS, USAGE A  | ND TVDE (Check applicat  |             | \                            |               |        | \                           |                        |                        |               |            |                              |
|   | tonomous □Bonde  |             | <br>□Custom                  | □Electr       | ic [   | ]Flood                      | □Glider                | Kit                    |               | LEV        | □Kit Car                     |
|   | anuf. Buy Back □Police   |             | □Private Use                 | □Rebui        |        | Replica                     |                        | Term Leas              |               | Street Ro  |                              |
| Section 4: LIENHOLDER INFO  | RMATION (If applicable)  |             |                              |               |        |                             |                        |                        |               |            |                              |
|   | #   DMV Account #   I  | DL/ID #, S  | ex and DOB                   | Lienholder    | 's Pho | ne Numb                     | er (Voluntar           | y) Lienho              | older's E     | mail (Vol  | untary)                      |
| Date of Lien Lienholder's M   | ailing Address   |             |                              | City          |        |                             |                        | <u> </u>               | ;             | State      | Zip Code                     |
| Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.)   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 (  |  | vehiele e   | aguira dO                    | □ Inheriten   |        |                             |                        | Do                     | nto Acqui     | irod:      |                              |
| If ownership has transferred, how and when was the motor vehicle acquired?       □ Inheritance       Date Acquired:         □ Sale (Price: \$   |  |             |                              |               |        |                             |                        |                        |               |            |                              |
| Section 6: ODOMETER DECLARATION   |  |             |                              |               |        |                             |                        |                        |               |            |                              |
| <b>WARNING</b> : 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-dig   | t odometer now reads   |             | tenths)                      | .xx miles     |        | Da                          | ate Read: _            | /                      | _/            | <u>·</u>   |                              |
| I/we hereby certify that to the be  | ,  | odomete     |                              | MII FAGE      |        | П                           | 3 IS IN F              | CESS OF                | E ITS ME      | ECHANIC    | CALLIMITS                    |



### APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

| Section 7: DEALE   | R SALES TAX REPORT  | AND MO      | TOR VEHICLE TRADE             | IN INFORMAT       | ION (/    | If appli | icable)              |                          |                        |  |
|--|---|-------------|-------------------------------|-------------------|-----------|----------|----------------------|--------------------------|------------------------|--|
|  | Registration Number   |             | icense Number                 | Date of Sale      | ,         |          |                      | Dealer/Agent Signatur    | re                     |  |
| Year of Trade In   | ar of Trade In Make of Trade In Title Number of Trade In (If known) Vehicle Identification Number (VIN) of Trade In |             |                               |                   |           |          |                      |                          |                        |  |
| Section 8: MOTOR   | R VEHICLE IDENTIFICAT   | ION NUM     | MBER VERIFICATION             |                   | '         |          |                      |                          |                        |  |
| 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. |   |             |                               |                   |           |          |                      |                          |                        |  |
|  | , certify that I have phys  | sically in  | spected the above-des         | cribed vehicle    | ):        |          |                      |                          |                        |  |
| Vehicle Identificatio  | n Number (VIN)  |             | Name Certifying Inspec        | ctor              |           | Ce       | ertifying Inspect    | tor Signature            | Date                   |  |
| Select which option  | best represents the certi-  | fying insp  | ector:                        |                   |           |          |                      | ☐ Florida Notary F       | Public (Stamp or Seal) |  |
| ☐ Law Enforceme  | ent Agency Name:  |             |                               | _ Badge Num       | nber: _   |          |                      |                          |                        |  |
| ☐ Florida Dealer   | Dealer Name:  |             |                               | _ Dealer Nun      | nber: _   |          |                      |                          |                        |  |
| ☐ FLHSMV   | Office Name:  |             |                               | User ID/Ba        | dge: _    |          |                      |                          |                        |  |
| ☐ Tax Collector o<br>License Plate A   |   |             |                               | County/Age        | ency: _   |          |                      | Signature:               |                        |  |
| Section 9: SALES   | TAX EXEMPTION CERT  | IFICATIO    | ON (If applicable)            |                   |           |          |                      |                          |                        |  |
| The purchase of a  | recreational vehicle to<br>en purchased and is exe  | be offere   | ed for rent as living acc     |                   |           |          |                      | nption. I certify the n  | notor vehicle          |  |
| ☐ Purchaser (state   | e agencies, counties, etc.) ho  | lds valid   | exemption certificate         | □ Vehic           | le will l | be use   | ed exclusively fo    | or rental.               |                        |  |
| Consumer's Certific  | ate of Exemption Numbe  | r:          |                               | Sales Tax         | Regis     | stration | n Number:            |                          |                        |  |
| I hereby certify that  | ownership of the motor v  | ehicle de   | scribed on this application   | on, is not subje  | ct to F   | lorida   | Sales and Use        | Tax for the following r  | eason:                 |  |
| □ Inheritance  | ☐ Gift ☐ Divorce  | Decree      | ☐ Transfer betweer            | n a married cou   | ple       |          | Other:               |                          |                        |  |
| ☐ Even trade or tr   | ade down  |             |                               |                   | •         |          |                      |                          |                        |  |
|  | (State  | the facts o | of the even trade or trade do | wn and the trans  | feror in  | formati  | ion, including the t | transferor's name and ad | dress.)                |  |
| Section 10: REPO   |   |             |                               |                   |           |          | _                    |                          |                        |  |
| 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.  |   |             |                               |                   |           |          |                      |                          |                        |  |
|  | JSE AND OTHER CERTI   |             |                               |                   |           |          |                      |                          |                        |  |
|  | wing certifications are ma  |             |                               |                   |           |          |                      |                          |                        |  |
| -  | certificate of title is lost or tifled will not be operated   | -           |                               | is state until nr | onerly    | regist   | ered                 |                          |                        |  |
|  | ·   | on the st   | rects and migniways of th     | is state until pr | орспу     | regist   | icica.               |                          |                        |  |
| □ Other: (explain) _   |   |             |                               |                   |           |          |                      |                          |                        |  |
| Section 12: APPLI  | CATION ATTESTMENT   | AND SIG     | NATURES                       |                   |           |          |                      |                          |                        |  |
|  | spected the VIN. (More the formal perjury, I declare that I   |             |                               |                   |           |          | ated in it are tr    | ue.                      |                        |  |
| Full Name of Applic  |   |             | 0 0                           | Signature         |           |          |                      |                          | Date                   |  |
|  |   |             |                               |                   |           |          |                      |                          |                        |  |
| Full Name of Applic  | ant, Co-Owner   |             |                               | Signature         | of Ap     | plicant  | t, Co-Owner          |                          | Date                   |  |
|  |   |             |                               |                   |           |          |                      |                          |                        |  |
| Section 12: DELEA  | ASE OF SPOUSE OF HE   | IDQ INIT    | EDEST (If applicable)         | •                 |           |          |                      |                          |                        |  |
| Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)  The undersigned person(s) state(s) that died on .   |   |             |                               |                   |           |          |                      |                          |                        |  |
| i ne undersigned pe  | erson(s) state(s) that  |             | (Nan                          | ne of deceased)   |           |          |                      | died on                  | (Date)                 |  |
| ☐ Testate (with a  | will)   Intestate (\  | without a   | ,                             |                   | d belov   | W.       |                      |                          | (Buto)                 |  |
| <ul> <li>□ Testate (with a will)</li> <li>□ Intestate (without a will) and left the surviving heir(s) named below.</li> <li>□ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.</li> </ul>  |   |             |                               |                   |           |          |                      |                          |                        |  |
| Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.  |   |             |                               |                   |           |          |                      |                          |                        |  |
|  | $\frac{1}{1}$ SMV 82040 may be used for ouse, $\square$ Co-Owner or $\square$                                       |             | l signatures.)                | Signatura         | of Spe    | 01100 (  | Co-Owner or He       | oir(a)                   | Date                   |  |
| ruii Name or 🗆 Spi   | ouse, 🗆 Co-Owner or 🗀   | neii(s)     |                               | Signature         | ог эрс    | ouse, (  | Co-Owner or the      | 511(5)                   | Date                   |  |
| Full Name of ☐ Spo   | ouse, $\square$ Co-Owner or $\square$   | Heir(s)     |                               | Signature         | of Spo    | ouse, (  | Co-Owner or He       | eir(s)                   | Date                   |  |
|  | death the decedent war  |             |                               |                   |           |          |                      |                          |                        |  |
| Full Name of Applic  |   |             |                               | Signature         |           |          |                      |                          | Date                   |  |
| Full Name of Applic  | cant  |             |                               | Signature         | of App    | plicant  | t                    |                          | Date                   |  |



#### **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.

| <b>Application Type:</b> □ Original □  |                 |                             | ı                      | Request to     | print C    | ertifica            | te of Ti   | tle: □ No     | o □ Yes:      | In office     | ☐ Yes: Mailed   |  |  |
|--|-----------------|-----------------------------|------------------------|----------------|------------|---------------------|--|---------------|---------------|---------------|---|--|--|
| Section 1: OWNER/APPLICANT IN  | FORMATION       |                             |                        |                |            |                     |  |               |               |               |   |  |  |
| Customer Number  | Fleet Num       | Fleet Number Unit Num       |                        |                |            |                     | Owner's County of Residence                            |               |               |               |   |  |  |
| Owner Details: Are you a Florid  | da Resident? I  | □ YES □ NO                  | Are you a U            | S Citizen?     | YES 🗆      | NO Are              | e you de   | af or hard    | of hearing?   | ? (Voluntary  | ) □ YES □ NO  |  |  |
| When joint ownership, please indicat   |                 |                             |                        |                |            | ct, if app          |  |               |               |               | inder Person  |  |  |
|  | er box is check |                             |                        |                | □Te        | nancy by            | v the En   | tirety        | □With Ri      | ights of Su   | rvivorship  |  |  |
| Owner's Name as It Appears on Driv (First, Full Middle/Maiden, & Last Name)  | er License      |                             | Owner's (Voluntar      | Phone Num      |            |                     |  | (Voluntary)   |               | Sex           | Date of Birth   |  |  |
|  |                 |                             |                        |                |            |                     |  |               |               | ļ             |   |  |  |
| FL DL/ID or FEID/Suffix Number (   | Owner's Mailin  | g Address                   | ·                      |                |            | City                |  |               | State         | Zip Code      |   |  |  |
| Owner's Residential Street Address  City  State  Zip Code  |                 |                             |                        |                |            |                     |  |               |               |               | Zip Code  |  |  |
| Mail To Customer Name (If different fro  | om above owner, | )                           | Mail To':<br>(Voluntar | s Phone Num    | iber       | Mail To             | o's Ema  | il (Voluntary | Sex           | Date of Birth |   |  |  |
| FL DL/ID or FEID/Suffix Number   | Mail To's Addre | ess (If different           | from above ma          | iling address) |            | City                |  |               |               | State         | Zip Code  |  |  |
| Co-Owner Details: Are you a Florid   | la Resident?    | □ VES □ NO                  | Are you all            | S Citizen?     | VES 🗆      | NO Ar               | e vou de   | af or hard    | of hearing?   | \/oluntary    | ) □ YES □ NO  |  |  |
| Co-Owner Details: Are you a Florida Resident? □ YES □ NO   Are you a US Citizen? □ YES □ NO   Are you deaf or hard of hearing: □ 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   |                 |                             |                        |                |            |                     |  |               |               | State         | Zip Code  |  |  |
| Co-Owner's/Lessee's Residential Street Address  City   |                 |                             |                        |                |            |                     |  |               | State         | Zip Code      |   |  |  |
| Section 2: VESSEL DESCRIPTION  |                 |                             |                        |                |            |                     |  |               |               |               |   |  |  |
| Hull (Vessel) Identification Number (I   | -IIII)          | □ HIN is no                 | eded Florida           | Title Numbe    | r FI       | _/DO Nu             | mher   |               | Renewal       | of Number     | r State of  |  |  |
| Tidii (Veessa) idamiiladaan Tidiiilaan (V  | •/              | (Vessel does in have a HIN) |                        | Tido Tumbo     |            | -, <b>5</b> 0 1 1 u |  |               |               | S □ NO        | Principal Use   |  |  |
| Make/Manufacturer  | Model           |                             | Year                   | Weight         | Le         | ength<br>ft         |  |               |               |               | epth of water a vessel draws.)  ore in length and all sailboats.  in. |  |  |
| ☐ I certify the vessel listed above ha   | e previouely be | en branded a                | e a damaded            | hull           |            | 11.                 |  |               |               |               | nment (If known)  |  |  |
| ☐ I certify the vessel listed above ha   |                 |                             |                        | Tiuli.         |            |                     |  |               | Ctato or br   | ana accigi    | miletic (ii iuieuri)  |  |  |
| -  | s previously be |                             | lull Material          |                | Propulsi   | on Tuno             |  |               | a Driva Tur   | oe Fuel       | <u> </u>  |  |  |
| Vessel Type □ Air Boat □ Inflatable B  | oot 🗆           |                             |                        | //Capyas       |            |                     |  | _             | e Drive Typ   |               | ı<br>lectric  |  |  |
|  |                 |                             |                        | · I            |            |                     | nrust □ Manual □ Inboard<br>eller □ Sail □ Inboard/Out |               |               |               | iecinc<br>iesel   |  |  |
| <ul><li>☐ Auxiliary Sailboat</li><li>☐ Cabin Motorboat</li><li>☐ Paddle Cra</li></ul>  |                 |                             | ⊒ Fiberglass ∃         |                | □ Water    |                     | Sali   |               | d Drive       | Jaid   □ D    |   |  |  |
|  |                 |                             | ⊒ Plastic              | □ vvood        |            |                     |  |               | erndrive      |               | oas<br>Other:   |  |  |
| ☐ Houseboat ☐ Personal W   | alercrail       |                             |                        |                | ☐ Other    |                     |  | _             |               |               | ulei.   |  |  |
| ☐ Other:   |                 |                             | ☐ Other:               | Charles)       |            | (Sp                 | ecify)   | ☐ Oth         |               | _             | (Chapity)   |  |  |
| (Specify) Primary Operation  |                 |                             | (3                     | Specify)       |            |                     |  |               | (Specif       | <i>y)</i>     | (Specify)   |  |  |
| □ Commercial Blue Crab       □ Commercial Charter Fishing       □ Commercial Spiney Lobster       □ Exempt       □ Recreational Rent or Lease         □ Commercial Live Bait       □ Commercial Passenger Carrying       □ Commercial Sponge       □ Government       □ Commercial Other:         □ Commercial Mackerel       □ Commercial Shrimp Non-Recip.       □ Commercial Stone Crab       □ Hire (Livery) |                 |                             |                        |                |            |                     |  |               |               |               |   |  |  |
| ☐ Commercial Shrimp Recip. ☐ Dealer/Manur. Demonstration ☐ Recreational (Pleasure) (Specify)   |                 |                             |                        |                |            |                     |  |               |               |               |   |  |  |
| Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION   |                 |                             |                        |                |            |                     |  |               |               |               |   |  |  |
| If checked, the following certification  |                 |                             |                        |                |            |                     |  |               |               |               |   |  |  |
| ☐ The vessel listed above has previo   |                 |                             | d out-of-state         |                |            |                     |  |               |               | _             | out-of-country.   |  |  |
| Previous State of Issue Previous   | ous Registratio | on Number                   |                        | Previou        | is State o | or issue            | Pr   | evious Re     | gistration N  | umper         |   |  |  |
| Section 4: DOCUMENTED/FOREIG   | N-DOCUMEN       | ITED VESSE                  | L CERTIFICA            | TION           |            |                     |  |               |               |               |   |  |  |
|  |                 |                             |                        |                | nted vess  | el. (If sell        | ected on   | e of the doc  | uments lister | d below is re | equired.)   |  |  |
| ☐ 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.) ☐ U.S. Coast Guard Release Documentation Form is attached or ☐ Copy of Canceled Documentation Papers/Record is attached   |                 |                             |                        |                |            |                     |  |               |               |               |   |  |  |



#### APPLICATION FOR CERTIFICATE OF VESSEL TITLE

| ~~  |   |            | . 2.6, 6 6                 |           | 10,1120                          | 1100              |                                  |           |             |              |               |
|---|---|------------|----------------------------|-----------|----------------------------------|-------------------|----------------------------------|-----------|-------------|--------------|---------------|
|   | HOLDER INFORMATION (  |            |                            |           | T                                |                   |                                  |           |             |              |               |
| ELT Customer  ☐ YES ☐ NO  | □ FEID/Suffix # □ DMV A   | DOB        | Lienholder'                | s Phone I | enholder's                       | Email (Voluntary) |                                  |           |             |              |               |
| Date of Lien  | Lienholder's Mailing Addre  |            | City                       |           |                                  |                   |                                  | State     | Zip Code    |              |               |
| Lienholder's Nan  | ne (If box is not checked, title w  | ll be mail | <i>'</i>                   |           |                                  | -                 | holder represe<br>and sign here: |           | authorize t | the Depart   | ment to send  |
|   |   |            |                            | 110 100   |                                  |                   | and digit fiord.                 |           |             |              |               |
|   | JRITY INTEREST  |            |                            |           |                                  |                   |                                  |           |             |              |               |
| □ 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 Cod |   |            |                            |           |                                  |                   |                                  |           |             |              | Zip Code      |
|   |   |            |                            |           |                                  |                   |                                  |           |             |              | 1             |
|   | NSFER TYPE (If applicable)  |            |                            |           | .,                               |                   |                                  |           | Data Ass    |              |               |
| If ownership has ☐ Sale (Price: \$_   | transferred, how and when<br>) □ Gif  |            | vessel acquired? □ Court O |           | ritance<br>□ Other <i>(Sp</i> e  | ecify):           |                                  |           | Date Acc    | quirea:<br>/ |               |
| Section 8: DEA  | LER SALES TAX REPORT  | AND V      | ESSEL TRADE IN INFO        | ORMA      | TION (If app                     | icable)           |                                  |           |             |              |               |
| Florida Sales Tax   | Registration Number   | Dealer     | License Number             | Date      | e of Sale                        | Amo               | unt of Tax                       | Dealer/   | Agent Sigr  | nature       |               |
| Year of Trade In  | Make of Trade In  |            | Title Number of Trade      | in (If k  | (nown)                           | essel Ide         | entification Num                 | ber of T  | rade In     |              |               |
| Section 9: SALE   | S TAX EXEMPTION CERT  | IFICAT     | ION (If applicable)        |           |                                  |                   |                                  |           |             |              |               |
|   | eational vessel described   |            |                            | xempt     | from the sa                      | les tax ir        | nposed by Ch                     | apter 2   | 12, Florida | a Statues,   | by:           |
| ☐ Purchaser (st   | ate agencies, counties, etc.) ho  | lds valid  | l exemption certificate    |           | □ Vessel v                       | vill be use       | ed exclusively f                 | or rental | l.          |              |               |
| Consumer's Cert   | ificate of Exemption Numbe  | r:         |                            |           | Sales Tax R                      | egistratio        | n 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:  |   |            |                            |           |                                  |                   |                                  |           |             |              |               |
| □ Inheritance   | ☐ Gift ☐ Divorce  | Decree     | ☐ Transfer between         | en a m    | arried couple                    | • 🗆               | Other:                           |           |             |              | <del></del>   |
| ☐ Even trade or   |   |            |                            |           |                                  |                   | <del> </del>                     |           |             |              |               |
| (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 vessel was repossessed upon default in the terms of the lien instrument and is now in my possession.  |   |            |                            |           |                                  |                   |                                  |           |             |              |               |
| ☐ I certily that th   | is vessei was repossessed   | ipon de    | rault in the terms of the  | lien ins  | strument and                     | is now in         | my possessio                     | n.        |             |              |               |
|   | N-USE AND OTHER CERTI   |            |                            |           |                                  |                   |                                  |           |             |              |               |
| ☐ I certify that the  | ollowing certifications are ma<br>e certificate of title is lost or<br>entified will not be operated of | destroy    | ed.                        | properly  | / registered.                    |                   |                                  |           |             |              |               |
| ☐ Other: (explain)  |   |            |                            |           |                                  |                   |                                  | •         |             |              |               |
| Section 12: APP   | LICATION ATTESTMENT   | AND SI     | GNATURES                   |           |                                  |                   |                                  |           |             |              |               |
|   | inspected the HIN. (More the of perjury, I declare that I   |            |                            |           |                                  |                   | ated in it are t                 | rue.      |             |              |               |
| Full Name of App  | olicant, Owner  |            |                            |           | Signature of Applicant, Owner    |                   |                                  |           |             |              | ate           |
| Full Name of App  | olicant, Co-Owner   |            |                            |           | Signature of Applicant, Co-Owner |                   |                                  |           |             |              | Date          |
| Section 13: REI   | EASE OF SPOUSE OR HE  | IRS INT    | TEREST (If applicable)     |           |                                  |                   |                                  |           |             | •            |               |
|   | person(s) state(s) that   |            | TEREOT (II applicable)     |           |                                  |                   |                                  |           | died on     |              |               |
| The undersigned   | person(s) state(s) that   |            | (Na                        | ame of c  | deceased)                        |                   |                                  |           |             | (D           | ate)          |
| ☐ 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 🗆 S  | Spouse, □ Co-Owner or □   | Heir(s)    |                            | ;         | Signature of                     | Spouse,           | Co-Owner or H                    | leir(s)   |             |              | ate           |
| Full Name of □ S  | Spouse, ☐ Co-Owner or ☐   | Heir(s)    |                            | ;         | Signature of                     | Spouse,           | Co-Owner or F                    | leir(s)   |             | С            | Date          |
|   | of death the decedent wa<br>ht, title, interest and claim   |            |                            |           |                                  |                   |                                  |           |             | hereby re    | leases all of |
| Full Name of App  |   |            |                            |           | Signature of                     |                   |                                  |           |             |              | ate           |
| Full Name of Ap   | e of Applicant Signature of Applicant Date  |            |                            |           |                                  |                   |                                  |           |             |              | Date          |



#### **APPLICATION FOR CERTIFICATE OF MOBILE HOME 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 ☐ Reinstate Retired Title Request to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: Mailed   |                                   |                     |                  |             |                         |          |           |       |                                      |                              |         |         |          |            |                |  |  |
|--|-----------------------------------|---------------------|------------------|-------------|-------------------------|----------|-----------|-------|--------------------------------------|------------------------------|---------|---------|----------|------------|----------------|--|--|
| Section 1: OWNE  |                                   | NFORMA <sup>*</sup> |                  |             |                         |          |           |       |                                      |                              |         |         |          |            |                |  |  |
| Customer Number  | ber Unit Number                   |                     |                  |             |                         |          |           |       | Owner's County of Residence          |                              |         |         |          |            |                |  |  |
| Owner Details:   | Are you a Flo                     | rida Resid          | ent? □ YES [     | □ NO Are    | you a U                 | S Citiz  | zen? □ Y  | ∕ES □ | NO Are                               | you deat                     | or ha   | rd of h | nearing? | (Voluntary | y) □ YES □ NO  |  |  |
| When joint owners  |                                   |                     |                  |             |                         |          |           |       | ect, if appl                         |                              |         |         |          |            | ainder Person  |  |  |
| •  |                                   |                     |                  |             |                         |          |           |       | enancy by the Entirety               |                              |         |         |          |            |                |  |  |
| (First, Full Middle/Ma   |                                   |                     | 3e               |             | (Voluntary              |          | e Numbe   | er    | Owner                                | s Email (\                   | /olunta | ry)     |          | Sex        | Date of Birth  |  |  |
| FL DL/ID or FEID/Suffix Number Owner's Mailing Address   |                                   |                     |                  |             |                         |          |           | City  |                                      |                              |         |         | State    | Zip Code   |                |  |  |
| Owner's Residenti  | al Street Address                 | 3                   |                  |             |                         |          |           |       | City                                 |                              |         |         |          | State      | Zip Code       |  |  |
| Mobile Home Phys   | sical Street Addre                | ess                 | □ Ch             | neck if Re  | ntal Park               | has 1    | 0 or more | lots  | City                                 |                              |         |         |          | State      | Zip Code       |  |  |
| Mail To Customer   | Name (If different                | from above          | owner)           |             | Mail To's<br>(Voluntary |          | ne Numbe  | er    | Mail To                              | Mail To's Email (Voluntary)  |         |         |          |            | Date of Birth  |  |  |
| FL DL/ID or FEID/  | Suffix Number                     | Mail To's           | Address (If diff | ferent from | above mai               | iling ad | ldress)   |       | City                                 |                              |         |         |          | State      | Zip Code       |  |  |
| Co-Owner Details   | : Are you a Flo                   | rida Resid          | lent? ☐ YES □    | □ NO Are    | you a US                | S Citiz  | zen? □ Y  | ∕ES □ | NO Are                               | you deat                     | or ha   | rd of h | nearing? | (Voluntary | /) □ YES □ NO  |  |  |
| ☐ Co-Owner or ☐ Lessee's Name as It Appears on Driver License (Co-Owner's Phone (First, Full Middle/Maiden, & Last Name)   |                                   |                     |                  |             |                         |          |           |       |                                      | Co-Owner's Email (Voluntary) |         |         |          |            | Date of Birth  |  |  |
| FL DL/ID or FEID/Suffix Number Co-Owner's/Lessee's Mailing Address   |                                   |                     |                  |             |                         |          |           | City  |                                      |                              |         |         | State    | Zip Code   |                |  |  |
| Co-Owner's/Lesse   | e's Residential S                 | treet Addr          | ess              |             |                         |          |           |       | City                                 | City                         |         |         |          |            | Zip Code       |  |  |
| Section 2: MOBIL   | E HOME DESC                       | DIDTION             |                  |             |                         |          |           |       |                                      |                              |         |         |          |            | •              |  |  |
| (More than one form  |                                   |                     | VIN and Title Nu | ımbers)     |                         |          |           |       |                                      |                              |         |         |          |            |                |  |  |
| Vehicle Identificati   |                                   |                     |                  |             | Title Numl              | ber      |           |       | Previous                             | State of Is                  | ssue    |         |          | Location   | Code (LOC)     |  |  |
| Make/Manufacture   | er .                              |                     |                  |             | Year                    |          |           |       |                                      | Body                         |         |         |          |            | Length ft. in. |  |  |
| Section 2: LIENU   | OLDED INCODA                      | AATION (            | f annliaghla)    |             |                         |          | •         |       |                                      |                              |         |         |          |            |                |  |  |
| Section 3: LIENHOLDER INFORMATION (If applicable)  ELT Customer   FEID/Suffix # DMV Account # DL/ID #, Sex and DOB   Lienholder's Phone Number (Voluntary)   Lienholder's Email (Voluntary)                                    |                                   |                     |                  |             |                         |          |           |       |                                      | untary)                      |         |         |          |            |                |  |  |
| Date of Lien L   | Lienholder's Mailing Address City |                     |                  |             |                         |          | City      |       |                                      |                              | L       |         | State    | Zip Code   |                |  |  |
| Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.)  Check this box if you, lienholder representative, authorize the Department to send the mobile home title to the owner and sign here: |                                   |                     |                  |             |                         |          |           |       |                                      |                              |         |         |          |            |                |  |  |
| Section 4: TRANS   | SFER TYPE (If a                   | pplicable)          |                  |             |                         |          |           |       |                                      |                              |         |         |          |            |                |  |  |
| If ownership has transferred, how and when was the mobile home acquired? ☐ Inheritance ☐ Sale (Price: \$   |                                   |                     |                  |             |                         |          |           |       |                                      |                              |         |         |          |            |                |  |  |
| Section 5: DEALER SALES TAX REPORT AND MOBILE HOME TRADE IN INFORMATION (If applicable)  |                                   |                     |                  |             |                         |          |           |       |                                      |                              |         |         |          |            |                |  |  |
| Florida Sales Tax  |                                   |                     | Dealer Licens    |             |                         |          | 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  |                                   |                     |                  |             |                         |          |           |       |                                      |                              |         |         |          |            |                |  |  |



### APPLICATION FOR CERTIFICATE OF MOBILE HOME TITLE

| Section 6: SALES TAX EXEMPTION CERTIFICATION (If applicable)   |   |                    |  |  |  |  |  |  |  |  |
|--|---|--------------------|--|--|--|--|--|--|--|--|
| I certify the mobile home 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   | ☐ Mobile home will be used exclusively for rental.              | ,                  |  |  |  |  |  |  |  |  |
| Consumer's Certificate of Exemption Number: Sales Tax Registration Number:   |   |                    |  |  |  |  |  |  |  |  |
| I hereby certify that ownership of the mobile home 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 7: REPOSSESSION DECLARATION (If applicable)  |   |                    |  |  |  |  |  |  |  |  |
| ☐ I certify that this mobile home was repossessed upon default in the terms of the   |   |                    |  |  |  |  |  |  |  |  |
| ☐ I certify that this mobile home is vacant and does not currently have utilities turn   | led on.   |                    |  |  |  |  |  |  |  |  |
| Section 8: NON-USE AND OTHER CERTIFICATIONS (If applicable)  |   |                    |  |  |  |  |  |  |  |  |
| If checked, the following certifications are made by the applicant:  |   |                    |  |  |  |  |  |  |  |  |
| ☐ I certify that the certificate of title is lost or destroyed. ☐ I certify that the mobile home or recreational vehicle-type unit is classified as re-  | al property and an "PP" and I have informed the property approi | isor of the county |  |  |  |  |  |  |  |  |
| wherein the mobile home or recreational vehicle-type unit is classified as re-   |   |                    |  |  |  |  |  |  |  |  |
| ☐ Other: (Explain)   | ,,  |                    |  |  |  |  |  |  |  |  |
|  |   |                    |  |  |  |  |  |  |  |  |
| Section 9: 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 10: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)  |   |                    |  |  |  |  |  |  |  |  |
| The undersigned person(s) state(s) that  | died on   |                    |  |  |  |  |  |  |  |  |
|  |   | (Date)             |  |  |  |  |  |  |  |  |
| ☐ Testate (with a will) ☐ Intestate (without a will) and left the surviving he   | eir(s) named below.   | ,                  |  |  |  |  |  |  |  |  |
| ☐ When applicable, the heir(s) (named below) certifies that the certificate of title   |   |                    |  |  |  |  |  |  |  |  |
| Under penalties of perjury, I declare that I have read the foregoing document (More than one form HSMV 82040 may be used for additional signatures.)   | t and that the facts stated in it are true.                     |                    |  |  |  |  |  |  |  |  |
| Full Name of ☐ Spouse, ☐ Co-Owner or ☐ Heir(s)   | Signature of Spouse, Co-Owner or Heir(s)                        | Date               |  |  |  |  |  |  |  |  |
| Truit Name of E opouse, E oo-owner of E Heir(s)  | orginatare of epodoc, or emiliar or from(e)                     | Bato               |  |  |  |  |  |  |  |  |
| Full Name of □ Spouse, □ Co-Owner or □ Heir(s)   | Signature of Spouse, Co-Owner or Heir(s)                        | Date               |  |  |  |  |  |  |  |  |
| Truit Name of $\Box$ opouse, $\Box$ co-owner of $\Box$ herr(s)   | orginature of opouse, ou-owner or field(3)                      | Date               |  |  |  |  |  |  |  |  |
| That at the time of death the decoders was a way of the makile have decoils also set the form. The way of the instance of the set to the set of |   |                    |  |  |  |  |  |  |  |  |
| That at the time of death the decedent was owner of the mobile home 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 mobile home to:  |   |                    |  |  |  |  |  |  |  |  |
| Full Name of Applicant   | Signature of Applicant  | Date               |  |  |  |  |  |  |  |  |
|  |   |                    |  |  |  |  |  |  |  |  |
| Full Name of Applicant Signature of Applicant Date   |   |                    |  |  |  |  |  |  |  |  |