

AGENDA

MEETING OF THE GOVERNOR AND CABINET AS HEAD OF THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

May 23, 2023

www.flhsmv.gov/pdf/cabinetreports/2023/052323.pdf

1. Respectfully submit the minutes for the January 17, 2023 Cabinet Meeting.

Attachment #1

Recommend Approval.

2. Respectfully request approval to publish a notice of proposed rule to amend Rule 15C-21.001, Application for Certificate of Title. The Department also requests approval to file for final adoption if no substantive changes to the rule are required following publication of the notice of the proposed rule.


Attachment #2

Recommend Approval.

In Re: Meetings of the Governor and Cabinet

Transcript of Proceedings

January 17, 2023

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STATE OF FLORIDA

IN RE: MEETING OF THE GOVERNOR AND CABINET

CABINET MEMBERS:

GOVERNOR RON DESANTIS
ATTORNEY GENERAL ASHLEY MOODY
CHIEF FINANCIAL OFFICER JIMMY PATRONIS
COMMISSIONER OF AGRICULTURE WILTON SIMPSON

DATE: Tuesday, January 17, 2023
TIME: 10:59 a.m. to 11:55 a.m.
LOCATION: Florida State Capitol Building
400 South Monroe Street
Cabinet Meeting Room, Lower Level
Tallahassee, Florida 32399

STENOGRAPHICALLY REPORTED BY:

JUDY LYNN MARTIN, STENOGRAPHER

Job No.: 285523

| | | |
|----|--|----|
| 1 | I N D E X | |
| 2 | Invocation and Pledge of Allegiance | 3 |
| 3 | 2023 Cabinet Meeting Schedule Approval | 3 |
| 4 | Resolutions | 3 |
| 5 | Appointment: Florida Department of Law Enforcement | 10 |
| 6 | Appointment: Highway Safety and Motor Vehicles | 11 |
| 7 | Appointment: Division of Administrative Hearings | 12 |
| 8 | Discussion: State Board of Administration | 13 |
| 9 | Custodian of Records | 13 |
| 10 | Florida Department of Law Enforcement | 14 |
| 11 | Highway Safety & Motor Vehicles | 16 |
| 12 | Office of Financial Regulation | 18 |
| 13 | State Board of Administration | 19 |
| 14 | Division of Bond Finance | 28 |
| 15 | BOT of the Internal Improvement Trust Fund | 39 |
| 16 | Administration Commission | 52 |
| 17 | | |
| 18 | Certificate of Reporter | 57 |
| 19 | | |
| 20 | | |
| 21 | | |
| 22 | | |
| 23 | | |
| 24 | | |
| 25 | | |

1 Proceedings began at 10:59 a.m.

2 GOVERNOR DeSANTIS: All right. Well, good
3 morning. I'd like to welcome everyone to the
4 January 17th meeting of the Governor and Cabinet,
5 and first I'd like to welcome Pastor Ryan Kramer to
6 lead us in an invocation.

7 (Whereupon, the invocation was given.)

8 GOVERNOR DeSANTIS: Thank you. Now the Pledge
9 of Allegiance, Emma Holt Upton to lead us.

10 (Whereupon, the Pledge of Allegiance was
11 given.)

12 GOVERNOR DeSANTIS: Thank you. Good job.

13 Next we'll move to approve the 2023 Cabinet
14 meeting schedule approval. This schedule does not
15 preclude us from rescheduling meetings or calling
16 additional meetings when necessary. I move to
17 approve the calendar before us and have it posted
18 to the Cabinet website.

19 Is there a second?

20 CFO PATRONIS: Second.

21 GOVERNOR DeSANTIS: Hearing no objection, the
22 motion carries.

23 Chief Financial Officer, would you like to
24 present your resolution on Trooper of the Year?

25 CFO PATRONIS: Yes, sir. Thank you, Governor.

1 The next resolution is for the 2021 Trooper of
2 the Year. Florida is fortunate to have some of the
3 most brave law enforcement officers in the entire
4 country who epitomize service and sacrifice.
5 Sergeant David Cox is just one of those heroes that
6 we have to honor and recognize today.

7 On January 3rd, 2021, at 12:29 p.m.,
8 Trooper David Cox was alerted to be on the lookout
9 for a suspicious vehicle. The vehicle reported by
10 Panama City Beach Police Department was being used
11 as an armed child abduction of a five-month-old
12 female child.

13 Thankfully the AT&T phone that the suspects
14 possessed was being tracked and provided a general
15 location of the suspect vehicle. While patrolling
16 my hometown in Bay County Trooper Cox spotted the
17 vehicle at a gas station with matching description
18 exiting the driver side door.

19 Without activating emergency lights or sirens,
20 Trooper Cox quickly exited his unmarked patrol
21 vehicle, used the element of surprise to apprehend
22 the suspect driver. Trooper Cox was able to
23 identify the female suspect and more importantly
24 locate the small female child unrestrained in the
25 back seat of the car.

1 Two suspects were positively identified,
2 placed under arrest, and the five-month old was
3 delivered to the Florida Department of Children and
4 Families where she was later reunited with her
5 mother.

6 I would like to thank Trooper Cox for his
7 selflessness in putting yourself in harm's way to
8 protect and serve the communities in keeping
9 Florida safe. Thank you to you and your family as
10 they truly serve along beside you.

11 Governor, I move the resolution.

12 GOVERNOR DeSANTIS: Okay. Do you have
13 anything to say?

14 MALE SPEAKER: I'll let Sergeant Cox have the
15 podium.

16 SERGEANT COX: I just appreciate you guys
17 recognizing the work that we do and supporting us
18 100 percent. It means a lot.

19 GOVERNOR DeSANTIS: All right. So do you want
20 to do a photo?

21 CFO PATRONIS: Yes, sir.

22 GOVERNOR DeSANTIS: All right. So why don't
23 you come up here and we'll...

24 (Whereupon, a photograph was taken.)

25 GOVERNOR DeSANTIS: Okay. Law enforcement

1 I've asked Mark Glass to continue serving in his
2 role as FDLE Commissioner. He's done a great job
3 these past few months and I move to approve the
4 reappointment of Mark Glass as FDA -- or as FDLE
5 Commissioner. He'd probably do a better job at the
6 FDA as well given what they've done, but one step
7 at a time.

8 Do I have a second?

9 ATTORNEY GENERAL MOODY: Second.

10 GOVERNOR DeSANTIS: Any -- any questions or
11 concerns?

12 CFO PATRONIS: No, sir.

13 GOVERNOR DeSANTIS: Hearing no objection, the
14 motion carries. Congratulations, Commission Glass.

15 (Applause)

16 GOVERNOR DeSANTIS: Earlier this month I
17 nominated Dave Kerner to serve as executive
18 director of Florida Department of Highway Safety &
19 Motor Vehicles. He's served as interim director
20 since the nomination, and I believe he will serve
21 the department well as the permanent executive
22 director. Each of your offices have had the
23 opportunity to meet with him individually.

24 With that being said, I move to approve his
25 appointment as executive director of Florida DMV.

1 Is there a second?

2 CFO PATRONIS: Second.

3 GOVERNOR DeSANTIS: Any objection?

4 Hearing none, the motion carries.

5 Congratulations.

6 (Applause)

7 GOVERNOR DeSANTIS: The next item is
8 administration commission item in regard to the
9 DOAH Chief Judge appointment. Back in July,
10 Brian Newman was named acting director and chief
11 judge of Division of Administration Hearings. I
12 believe he will serve our state well in the
13 permanent position of director and chief judge.
14 It's my understanding that each of you have had the
15 opportunity to meet with Brian and ask him
16 questions. And given that, I move to appoint
17 Brian Newman as director and chief judge of the
18 Florida Division of Emergency -- excuse me,
19 Administrative Hearings.

20 Is there a second?

21 CFO PATRONIS: Second.

22 ATTORNEY GENERAL MOODY: Second.

23 GOVERNOR DeSANTIS: Third, I guess both of you
24 did second. Okay. Hearing no objection, the
25 motion carries.

1 CFO PATRONIS: Second.

2 GOVERNOR DeSANTIS: Okay. No -- no objection,
3 the motion carries. Thank you.

4 COMMISSIONER GLASS: That concludes our
5 agenda, sir.

6 GOVERNOR DeSANTIS: Okay. Highway Safety.

7 MALE SPEAKER: Good morning, Governor and
8 Cabinet --

9 GOVERNOR DeSANTIS: Welcome.

10 MALE SPEAKER: Thank you, Governor.

11 For Agenda Item 1, I respectfully submit the
12 minutes for the previous Cabinet meeting.

13 GOVERNOR DeSANTIS: Move to approve the item.
14 Is there a second?

15 ATTORNEY GENERAL MOODY: Second.

16 CFO PATRONIS: Second.

17 GOVERNOR DeSANTIS: Okay. No objection, the
18 motion carries.

19 MALE SPEAKER: Item 2 respectfully requests
20 approval to publish a notice of proposed rule to
21 repeal Rule 15B-13.001, Operation of Soundmaking
22 Devices In Motor Vehicles as well as request to
23 publish the notice of proposed rule to create Rule
24 15B-13.002, Operation of Soundmaking Devices In
25 Motor Vehicles.

1 The department also requests approval to file
2 for final adoption if no substantive changes of the
3 rule are required following publication of the
4 notice of proposed rule.

5 GOVERNOR DeSANTIS: All right. I move to
6 approve the item. Is there a second?

7 CFO PATRONIS: Second.

8 GOVERNOR DeSANTIS: Hearing no objection, the
9 motion carries.

10 Item 3.

11 MALE SPEAKER: Thank you, Governor. Item 3
12 respectfully requests approval to publish notice of
13 proposed rule for Rule Chapter 15C-22, Private
14 Rebuilt Inspection Program. The department would
15 also request approval to file for final adoption if
16 no subsequent changes to the rule chapter are
17 required following publication of the notice of
18 proposed rule.

19 GOVERNOR DeSANTIS: All right. I move to
20 approve. Is there a second?

21 CFO PATRONIS: Second.

22 GOVERNOR DeSANTIS: Okay. Hearing no
23 objection, the motion carries. Thank you.

24 MALE SPEAKER: Thank you.

25 GOVERNOR DeSANTIS: Office of Financial

Notice of Proposed Rule

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES Division of Motor Vehicles

RULE NO.: RULE TITLE:
15C-21.001 Application for Certificate of Title

PURPOSE AND EFFECT: The purpose of this rule amendment is to update applications for certificates of titles by revising application requirements and information to be included in a certificate of title application. Because the proposed updates necessitated by new federal and state requirements render a single certificate of title application form impracticable, the rule amendment additionally proposes to separate the existing Form HSMV 82040, Application for Certificate of Title, into separate applications for (1) motor vehicles, (2) mobile homes, and (3) vessels. The effect will be to allow the Agency to capture all information required by federal and state laws when processing certificate of title requests for each type of application and to allow for sufficient space and improved readability of application forms.

SUMMARY: HSMV 82040, Application for Certificate of Title, incorporated by reference in Rule 15C-21.001, allows customers to apply for certificates of title for motor vehicles, off-highway vehicles, mobile homes, and vessels. 33 C.F.R. Part 187 imposes requirements on states that participate in the Vessel Identification System and details information that participating states must capture when processing certificate of title requests for vessels. Chapter 2019-76, Laws of Florida, which amends section 328.01, Florida Statutes, and is effective July 1, 2023, removes a certificate of title exemption for certain types of vessels and requires the Department to capture certain information when processing certificate of title requests for vessels. In addition to making the substantive changes required by law, the Department proposes to incorporate by reference three separate forms to allow for sufficient space and to improve readability in applications for certificates of title. The proposed rule amendments and updates to the application forms incorporated by reference will ensure compliance with federal and state requirements and divide the application into three separate forms for motor vehicles, mobile homes, and vessels.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION: The Agency has determined that this **will not** have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department's economic analysis of the adverse impact or potential regulatory costs of the proposed rule did not exceed any of the criteria established in Section 120.541(2)(a), Florida Statutes. As part of this analysis, the Department relied on a checklist of potential adverse impacts or regulatory costs, ultimately concluding that impacted entities (applicants for certificates of title) will not incur adverse direct or indirect costs as a result of the proposed rule. Additionally, no interested party submitted additional information regarding the economic impact.

Any person who wishes to provide information regarding the statement of estimated regulatory costs or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 317.0005, 319.17, 320.011, 328.01(6), 328.03(8), 328.72(17) FS.

LAW IMPLEMENTED: 92.525, 212.06, 317.0004, 317.0006, 317.0007, 317.0008, 317.0011, 317.0014, 319.14, 319.21, 319.22, 319.225, 319.23, 319.24, 319.27, 319.28, 319.29, 319.40, 320.02, 328.01, 328.03, 328.07, 328.09, 328.11, 328.13, 328.16, 328.30 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Vernon Howell, HSMV Program Manager, 2900 Apalachee Parkway, Room A334, Tallahassee, FL 32399-0500 vernonhowell@flhsmv.gov, (850) 617-3001.

THE FULL TEXT OF THE PROPOSED RULE IS:

15C-21.001 Application for Certificate of Title.

(1) Any person applying for a certificate of title to evidence ownership of a motor vehicle, ~~mobile home, vessel,~~ or off-highway vehicle must apply to the department on HSMV # ~~82040~~, Application for Certificate of Motor Vehicle Title With/Without Registration (effective 12/19), incorporated herein by reference and available at: [DOS hyperlink] <http://www.flrules.org/Gateway/reference.asp?No=Ref-11362> and [Department hyperlink] <https://www.flhsmv.gov/pdf/forms/82040.pdf>.

(2) Any person applying for a certificate of title to evidence ownership of a mobile home must apply to the department on HSMV #, Application for Certificate of Mobile Home Title (effective), incorporated herein by reference and available at: [DOS hyperlink] and [Department hyperlink].

(3) Any person applying for a certificate of title to evidence ownership of a vessel must apply to the department on HSMV #, Application for Certificate of Vessel Title (effective), incorporated herein by reference and available at: [DOS hyperlink] and [Department hyperlink].

(4)(2) The department will issue a certificate of title to the applicant uUpon receipt of a completed HSMV #, #, or #: ~~82040~~, the satisfaction of all statutory requirements, including those set forth in Chapters 317, 319, 320, and 328, F.S.; and the payment of all appropriate fees, ~~the department will issue a certificate of title to the applicant.~~

Rulemaking Authority 317.0005, 319.17, 320.011, 328.01(6), 328.03(8), 328.72(17) FS. Law Implemented 92.525, 212.06, 317.0004, 317.0006, 317.0007, 317.0008, 317.0011, 317.0014, 319.14, 319.21, 319.22, 319.225, 319.23, 319.24, 319.27, 319.28, 319.29, ~~319.34~~, 319.40, ~~320.01~~, 320.02, 328.01, 328.03, 328.07, 328.09, 328.11, 328.13, 328.16, 328.30 FS. History—New 2-7-13, Amended 12-28-15, 12-3-19,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Vernon Howell, Program Manager, Department of Highway Safety and Motor Vehicles

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Governor and Cabinet

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: _____, 2023

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: _____, 2023

Notice of Development of Rulemaking

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Motor Vehicles

RULE NO.: RULE TITLE:

15C-21.001 Application for Certificate of Title

PURPOSE AND EFFECT: HSMV 82040, Application for Certificate of Title, incorporated by reference in Rule 15C-21.001, allows customers to apply for certificates of title for motor vehicles, off-highway vehicles, mobile homes, and vessels. The Department proposes to amend HSMV 82040 to ensure compliance with federal and state requirements and to divide the application into three separate forms. 33 C.F.R. Part 187 imposes requirements on states that participate in the Vessel Identification System and details information that participating states must capture when processing certificate of title requests for vessels. Chapter 2019-76, Laws of Florida, which amends section 328.01, Florida Statutes, and is effective July 1, 2023, removes a certificate of title exemption for certain types of vessels and requires the Department to capture certain information when processing certificate of title requests for vessels. The Department proposes to update HSMV 82040 to ensure compliance with these federal and state requirements. In addition, customers may use the current version of HSMV 82040 to apply for certificates of title for motor vehicles, off-highway vehicles, mobile homes, and vessels. However, the proposed updates necessitated by the above federal and state requirements render a single certificate of title application form impracticable. Therefore, in addition to making the substantive changes discussed above, the Department proposes to separate HSMV 82040 into three separate forms to allow for sufficient space and to improve readability.

SUBJECT AREA TO BE ADDRESSED: Applications for certificates of title with and without registration

RULEMAKING AUTHORITY: 317.0005, 319.17, 320.011, 328.01(6), 328.03(8), 328.72(17) FS.

LAW IMPLEMENTED: 92.525, 212.06, 317.0004, 317.0006, 317.0007, 317.0008, 317.0011, 317.0014, 319.14, 319.21, 319.22, 319.225, 319.23, 319.24, 319.27, 319.28, 319.29, 319.40, 320.02, 328.01, 328.03, 328.07, 328.09, 328.11, 328.13, 328.16, 328.30 FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Vernon Howell, HSMV Program Manager, 2900 Apalachee Parkway, Room A334, Tallahassee, FL 32399-0500 vernonhowell@flhsmv.gov, (850) 617-3001.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

Proposed Changes to Rule Text

15C-21.001 Application for Certificate of Title.

(1) Any person applying for a certificate of title to evidence ownership of a motor vehicle, ~~mobile home, vessel,~~ or off-highway vehicle must apply to the department on HSMV # 82040, Application for Certificate of Motor Vehicle Title ~~With/Without~~ Registration (effective 12/19), incorporated herein by reference and available at: [DOS hyperlink] <http://www.flrules.org/Gateway/reference.asp?No=Ref-11362> and [Department hyperlink] <https://www.flhsmv.gov/pdf/forms/82040.pdf>.

(2) ~~Any person applying for a certificate of title to evidence ownership of a mobile home must apply to the department on~~ HSMV #, Application for Certificate of Mobile Home Title (effective), incorporated herein by reference and available at: [DOS hyperlink] and [Department hyperlink].

(3) ~~Any person applying for a certificate of title to evidence ownership of a vessel must apply to the department on~~ HSMV #, Application for Certificate of Vessel Title (effective), incorporated herein by reference and available at: [DOS hyperlink] and [Department hyperlink].

(4)(2) ~~The department will issue a certificate of title to the applicant u~~Upon receipt of a completed HSMV #, #, or #: 82040, the satisfaction of all statutory requirements, including those set forth in Chapters 317, 319, 320, and 328, F.S.; and the payment of all appropriate fees, ~~the department will issue a certificate of title to the applicant.~~

Rulemaking Authority 317.0005, 319.17, 320.011, 328.01(6), 328.03(8), 328.72(17) FS. Law Implemented 92.525, 212.06, 317.0004, 317.0006, 317.0007, 317.0008, 317.0011, 317.0014, 319.14, 319.21, 319.22, 319.225, 319.23, 319.24, 319.27, 319.28, 319.29, 319.34, 319.40, 320.01, 320.02, 328.01, 328.03, 328.07, 328.09, 328.11, 328.13, 328.16, 328.30 FS. History—New 2-7-13, Amended 12-28-15, 12-3-19, _____.



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.

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

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 | 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 | | Date Acquired: _____/_____/_____ | |
| <input type="checkbox"/> Sale (Price: \$ _____ . _____) | | <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____ | | | |

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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .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. | | | |



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

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 |
|-------------------------------------|---------------------------|--------------------------------|------|

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 Agency Name: _____ County/Agency: _____
License Plate 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:

| | |
|---|---|
| <input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate | <input type="checkbox"/> 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 |



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOBILE HOME TITLE

Please submit this form to your local tax collector office or license plate agency.

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

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: OWNER/APPLICANT INFORMATION

| | | | | | |
|---|--|---|--|---|--|
| Customer 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"/> Tenancy by the Entirety | | <input type="checkbox"/> Life Estate/Remainder Person <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) | |
| FL DL/ID or FEID/Suffix Number | | Owner's Mailing Address | | City | |
| | | | | State | |
| | | | | Zip Code | |
| Owner's Residential Street Address | | City | | State | |
| | | | | Zip Code | |
| Mobile Home Physical Street Address | | <input type="checkbox"/> Check if Rental Park has 10 or more lots | | 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: MOBILE HOME DESCRIPTION

(More than one form HSMV 82040 may be used for VIN and Title Numbers)

| | | | | | | | |
|-------------------------------------|--|----------------------|--|-------------------------|--|---------------------|--|
| Vehicle Identification Number (VIN) | | Florida Title Number | | Previous State of Issue | | Location Code (LOC) | |
| Make/Manufacturer | | Year | | Body | | Length ft. in. | |

Section 3: LIENHOLDER INFORMATION (If applicable)

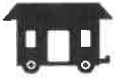
| | | | | | | | |
|--|--|---|--|---------------------------------------|--|--------------------------------|--|
| ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex 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 mobile home title to the owner and sign here: _____ | | | | | |

Section 4: TRANSFER TYPE (If applicable)

| | | | |
|--|--|----------------------|--|
| If ownership has transferred, how and when was the mobile home acquired? <input type="checkbox"/> Inheritance | | Date Acquired: _____ | |
| <input type="checkbox"/> Sale (Price: \$ _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____ | | | |

Section 5: DEALER SALES TAX REPORT AND MOBILE HOME 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 | | | |



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
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 lien instrument and is now in my possession.

☐ I certify that this mobile home is vacant and does not currently have utilities turned 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 real property and an "RP" and I have informed the property appraiser of the county wherein the mobile home or recreational vehicle-type unit is to be located of the intended site of the mobile home or recreational vehicle-type unit.

☐ 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 _____.
(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 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 |



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Please submit this form to your local tax collector office or license plate agency.

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

Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☐ Original ☐ TransferRequest to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: Mailed

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: VESSEL DESCRIPTION

| | | | | | | |
|---|--|--|---|---|---|---|
| Hull (Vessel) Identification Number (HIN) | | <input type="checkbox"/> HIN is needed (Vessel does not have a HIN) | Florida Title Number | FL/DO Number | Renewal of Number <input type="checkbox"/> YES <input type="checkbox"/> NO | State of Principal Use |
| Make/Manufacturer | Model | Year | Weight | Length ft. in. | Draft of Vessel (The depth of water a vessel draws.) For all vessels 26' or more in length and all sailboats. ft. in. | |
| <input type="checkbox"/> I certify the vessel listed above has previously been branded as a damaged hull. | | | | | State of brand assignment (If known) | |
| <input type="checkbox"/> I certify the vessel listed above has previously been branded as: Specify: | | | | | | |
| Vessel Type | | Hull Material | Propulsion Type | Engine Drive Type | Fuel | |
| <input type="checkbox"/> Air Boat | <input type="checkbox"/> Inflatable Boat | <input type="checkbox"/> Pontoon | <input type="checkbox"/> Rubber/Vinyl/Canvas | <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual | <input type="checkbox"/> Inboard | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Auxiliary Sailboat | <input type="checkbox"/> Open Motorboat | <input type="checkbox"/> Rowboat | <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel | <input type="checkbox"/> Propeller <input type="checkbox"/> Sail | <input type="checkbox"/> Inboard/Outboard | <input type="checkbox"/> Diesel |
| <input type="checkbox"/> Cabin Motorboat | <input type="checkbox"/> Paddle Craft | <input type="checkbox"/> Sailboat | <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood | <input type="checkbox"/> Water Jet | <input type="checkbox"/> Pod Drive | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Houseboat | <input type="checkbox"/> Personal Watercraft | <input type="checkbox"/> Plastic | <input type="checkbox"/> Other: (Specify) | <input type="checkbox"/> Other: (Specify) | <input type="checkbox"/> Sterndrive | <input type="checkbox"/> Other: (Specify) |
| <input type="checkbox"/> Other: (Specify) | | <input type="checkbox"/> Other: (Specify) | <input type="checkbox"/> Other: (Specify) | <input type="checkbox"/> Other: (Specify) | <input type="checkbox"/> Other: (Specify) | |
| Primary Operation | | | | | | |
| <input type="checkbox"/> Commercial Blue Crab | <input type="checkbox"/> Commercial Charter Fishing | <input type="checkbox"/> Commercial Spiny Lobster | <input type="checkbox"/> Exempt | <input type="checkbox"/> Recreational Rent or Lease | | |
| <input type="checkbox"/> Commercial Live Bait | <input type="checkbox"/> Commercial Passenger Carrying | <input type="checkbox"/> Commercial Sponge | <input type="checkbox"/> Government | <input type="checkbox"/> Commercial Other: | | |
| <input type="checkbox"/> Commercial Mackerel | <input type="checkbox"/> Commercial Shrimp Non-Recip. | <input type="checkbox"/> Commercial Stone Crab | <input type="checkbox"/> Hire (Livery) | | | |
| <input type="checkbox"/> Commercial Oyster | <input type="checkbox"/> Commercial Shrimp Recip. | <input type="checkbox"/> Dealer/Manuf. Demonstration | <input type="checkbox"/> Recreational (Pleasure) | (Specify) | | |

Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION

| | | | |
|---|------------------------------|-------------------------|------------------------------|
| If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known) | | | |
| <input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-state. <input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-country. | | | |
| Previous State of Issue | Previous Registration Number | Previous State of Issue | Previous Registration Number |

Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

| | |
|---|---|
| <input type="checkbox"/> 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.) | |
| <input type="checkbox"/> U.S. Coast Guard Release Documentation Form is attached | <input type="checkbox"/> Copy of Canceled Documentation Papers/Record is attached |



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Section 5: 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 vessel title to the owner and sign here: _____ | | |

Section 6: SECURITY 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 Code |
|----------------------|---------------------------------|------|-------|----------|

Section 7: TRANSFER TYPE (If applicable)

| | | |
|---|--|----------------------|
| If ownership has transferred, how and when was the vessel acquired? | <input type="checkbox"/> Inheritance | Date Acquired: _____ |
| <input type="checkbox"/> Sale (Price: \$ _____) | <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____ | |

Section 8: DEALER SALES TAX REPORT AND VESSEL 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) | Vessel Identification Number of Trade In | |

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)

I certify the recreational vessel described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

| | |
|---|--|
| <input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate | <input type="checkbox"/> Vessel will be used exclusively for rental. |
| Consumer's Certificate of Exemption Number: _____ | Sales Tax Registration 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: | |
| <input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Transfer between a married couple <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> 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 vessel 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 vessel identified will not be operated on the waters of this state until properly registered.
☐ Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the HIN. (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 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 vessel to:

| | | |
|------------------------|------------------------|------|
| Full Name of Applicant | Signature of Applicant | Date |
| Full Name of Applicant | Signature of Applicant | Date |