

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES

AFFIDAVIT TO ACCOMPANY APPLICATION FOR BONDED TITLE

1	MOTOR VEHICLE DESCRIPTION		
Year	Make/Manufacturer	Type of Vehicle(i.e., car, truck, trailer)	Body Type (4D, SW, etc.)
Florida Title Number		Vehicle Identification Number	
2	AFFIDAVIT OF VEHICLE OWNERSHIP		
Printed/Typed Name of the Applicant/Owner		Printed/Typed Name of the Co-Applicant/Owner, if applicable	
Date the Vehicle was Acquired (approximate date if actual date is not known)		Current Retail Value of the Motor Vehicle	
Printed/Typed Name of Prior Owner/Seller		Address of Prior Owner/Seller, if known	

This is to certify I/we are the owner(s) of the above described vehicle. I/We obtained ownership and possession of the vehicle from the above named prior owner/seller.

I/We certify that to my/our knowledge there are no known security interests, liens, or encumbrances against the above-noted motor vehicle. The following facts entitle me/us to possession and ownership of the motor vehicle:

(Explain in detail why you do not have a title to the vehicle.)

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SIGNATURE OF APPLICANT (OWNER) (Date)

SIGNATURE OF APPLICANT (CO-OWNER) (Date)