

APPLICATION FOR MULTIPLE CERTIFICATES OF TITLE WITH/WITHOUT REGISTRATIONS

(Instructions on Reverse Side)

1 APPLICANT IDENTIFICATION				
Owner/Lessor Name	Owner/Lessor Email Address	FEID #	Sex	Fleet #
Owner/Lessor's Address	City	State	Zip	
Lessee's Name	Lessee's Email Address	Date of Birth	Sex	
Lessee's Mailing Address	City	State	Zip	
Owner/Lessee's Street Address in Florida (Mandatory)	City	State	Zip	

2 TRANSFER TYPE AND STATUS	
IF OWNERSHIP HAS TRANSFERRED, HOW WERE VEHICLES OR VESSELS ACQUIRED? <input type="checkbox"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER <input type="checkbox"/> OTHER (SPECIFY) _____	
DATE ACQUIRED _____ <input type="checkbox"/> NEW <input type="checkbox"/> USED LEASE: <input type="checkbox"/> SHORT TERM <input type="checkbox"/> LONG TERM <input type="checkbox"/> PRIVATE <input type="checkbox"/> TAXI CAB <input type="checkbox"/> POLICE	

3 LIENHOLDER INFORMATION				
FEID #	Date of Lien	Lienholder Name		
Lienholder Email Address	Lienholder Address	City	State	Zip

(DOES NOT APPLY TO VESSELS)

If Lienholder authorizes the Department to send title to the owner, check box and countersign. _____
 If box above is not checked, title will be mailed to first lienholder. _____ *Signature of Lienholders Representative*

4 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTIONS											
YEAR	MAKE/MANUFACTURER	BODY			WEIGHT/LENGTH						
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE MILEAGE THAT I CHECKED IS THE TRUE AND CORRECT MILEAGE.						ODOMETER STATUS					
INITIAL (IF VIN VERIFIED BY OWNER)	VIN / HIN	LICENSE PLATE OR REGISTRATION NUMBER	COLOR OF VEHICLE	PREVIOUS STATE	ODOMETER READING	*	*	*	DATE READ	TITLE NUMBER	PREVIOUS ISSUE DATE
						A	N	E			

TYPE		HULL MATERIAL		PROPULSION		FUEL	
<input type="checkbox"/> 1. Open Motorboat	<input type="checkbox"/> 5. Houseboat	<input type="checkbox"/> 1. Wood	<input type="checkbox"/> 4. Fiberglass	<input type="checkbox"/> 1. Outboard	<input type="checkbox"/> 4. Inboard/Outboard	<input type="checkbox"/> 1. Gas	
<input type="checkbox"/> 2. Cabin Motorboat	<input type="checkbox"/> 6. Pontoon	<input type="checkbox"/> 2. Aluminum	<input type="checkbox"/> 5. Wood/Fiberglass	<input type="checkbox"/> 2. Inboard	<input type="checkbox"/> 5. Air Propelled	<input type="checkbox"/> 2. Diesel	
<input type="checkbox"/> 3. Auxiliary Sailboat	<input type="checkbox"/> 7. Personal Watercraft	<input type="checkbox"/> 3. Steel	<input type="checkbox"/> 6. Other _____	<input type="checkbox"/> 3. Sail	<input type="checkbox"/> 6. Other _____	<input type="checkbox"/> 3. Other _____	
<input type="checkbox"/> 4. Inflatable	8. Other _____	<i>Specify</i>		<i>Specify</i>		<i>Specify</i>	

USE OF VESSEL	LENGTH OF VESSEL	*DRAFT OF VESSEL	OWNER	CO-OWNER
<input type="checkbox"/> 1. Pleasure <input type="checkbox"/> 2. Dealer <input type="checkbox"/> 3. Manufacturer <input type="checkbox"/> 4. Pleasure Canoe <input type="checkbox"/> 5. Commercial Canoe <input type="checkbox"/> 6. Commercial <input type="checkbox"/> 7. Exempt	FT. _____ IN. _____	(The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats	Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Contribution To Election Campaign Financing Trust Fund	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> 1. U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> 2. Copy of Canceled Documentation Papers	Previous Out-of-State Registration Number: _____
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5 VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS PART REQUIRES A PHYSICAL INSPECTION OF EACH MOTOR VEHICLE AND EACH VEHICLE IDENTIFICATION NUMBER (VIN) DESCRIBED ON THIS FORM BY A FLORIDA NOTARY PUBLIC. IF OTHER THAN A NOTARY, THE VIN VERIFICATION CAN BE PERFORMED BY A FLORIDA LICENSED DEALER, LAW ENFORCEMENT OFFICER, MILITARY POLICE OFFICER OR FLORIDA COMPLIANCE EXAMINER/INSPECTOR (DIVISION OF MOTORIST SERVICES/TAX COLLECTOR EMPLOYEE). COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS (WITH ABBREVIATION OF "TL" AND A WEIGHT OF 2,000 POUNDS OR MORE), NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicles and find vehicle identification numbers on each vehicle to be identical to the vehicle identification numbers recorded on this form.

(DATE) _____	(SIGNATURE) _____	(PRINTED NAME) _____
Law Enforcement/Military Officer or FL Dealer's Name: _____	Badge or FL Dealer #: _____	(Notary Stamp)
Florida DMV/Tax Collector Employee: _____	Florida Compliance Examiner/Inspector Badge or ID Number: _____	
Commissioned Name of Florida Notary: _____	Notary's Signature: _____	

6 SALES TAX EXEMPTION CERTIFICATION

I CERTIFY THE MOTOR VEHICLES, MOBILE HOMES OR VESSELS (DESCRIBED ON SIDE 1 SIDE OF THIS FORM) HAVE BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES BECAUSE:

PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE _____ CONSUMER'S CERTIFICATE OF EXEMPTION NO. _____

VEHICLES MOBILE HOMES VESSELS WILL BE USED EXCLUSIVELY FOR RENTAL _____ SALES TAX REGISTRATION NUMBER _____

7 DEALER SALES TAX REPORT				
FLORIDA SALES TAX REG NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX, PER UNIT	DEALER / AGENT SIGNATURE

8 CERTIFICATION

THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

IN CONSIDERATION OF THE FOREGOING AND THE ATTACHED EVIDENCE OF MY/OUR OWNERSHIP OF THE MOTOR VEHICLES, MOBILE HOMES OR VESSELS DESCRIBED ON SIDE 1 OF THIS FORM, I/WE REQUEST THAT THE CERTIFICATE OF TITLE BE ISSUED IN TO MY/OUR NAME. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

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

_____ Signature of Applicant (Owner)	_____ Printed Name	_____ Date
_____ Signature of Co-Applicant (Co-Owner)	_____ Printed Name	_____ Date

WHO IS AUTHORIZED TO COMPLETE THIS FORM?:

ANY AUTHORIZED AGENT OF A COMPANY OR CORPORATION, REQUIRED TO MAKE APPLICATION FOR MULTIPLE FLORIDA CERTIFICATES OF TITLE.

WHEN SHOULD THIS FORM BE USED?:

WHEN A COMPANY OR CORPORATION IS APPLYING FOR MULTIPLE CERTIFICATES OF TITLE ON NEW OR USED MOTOR VEHICLES, MOBILE HOMES OR VESSELS WITH THE SAME YEAR, MAKE, BODY AND WEIGHT. FOR MOBILE HOMES AND VESSELS, BODY AND WEIGHT ARE EXCLUDED AND LENGTH IS INCLUDED.

WHEN IS THE VIN VERIFICATION ON THIS FORM NOT NECESSARY?:

THE VIN VERIFICATION ON THIS FORM DOES NOT HAVE TO BE COMPLETED ON VESSELS, MOBILE HOMES, TRAVEL TRAILERS, CAMPING TRAILERS, FIFTH WHEEL RECREATIONAL TRAILERS OR SEMI TRAILERS WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS, WHEN A FLORIDA CERTIFICATE OF TITLE IS SUBMITTED AS PROOF OF OWNERSHIP OR WHEN FORM HSMV 82042 HAS BEEN COMPLETED AND IS ATTACHED.

WHEN IS THE ODOMETER DECLARATION ON THIS FORM NOT NECESSARY?:

THE ODOMETER DECLARATION IN SECTION 4 OF THIS FORM DOES NOT HAVE TO BE COMPLETED WHEN THE VEHICLE BEING TITLED IS EXEMPT FROM ODOMETER DISCLOSURE REQUIREMENTS. **EXEMPTIONS: A MOTOR VEHICLE WITH A MODEL YEAR OF 2011 OR NEWER IS EXEMPT AFTER TWENTY (20) YEARS AND A MOTOR VEHICLE WITH A MODEL YEAR OF 2010 OR OLDER IS EXEMPT AFTER TEN (10) YEARS,** HAS A GROSS VEHICLE WEIGHT RATING (GVWR) OF MORE THAN 16,000 POUNDS OR IS NOT SELF- PROPELLED.

ODOMETER STATUS

- * A - WHEN A CHECK MARK IS ENTERED UNDER THE "A" THE STATUS WILL BE SHOWN AS "ACTUAL MILEAGE."
- * N - WHEN A CHECK MARK IS ENTERED UNDER THE "N" THE STATUS WILL BE SHOWN AS "WARNING: NOT ACTUAL MILEAGE."
- * E - WHEN A CHECK MARK IS ENTERED UNDER THE "E" THE STATUS WILL BE SHOWN AS "EXCEEDS MECHANICAL LIMITS."

FILING:

1. ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED LEGIBLY.
2. ONE OF THE FOLLOWING MUST BE FILED WITH THIS FORM.
 - (A) FLORIDA CERTIFICATE OF TITLE.
(OR)
 - (B) MANUFACTURER'S CERTIFICATE OF ORIGIN.
(OR)
 - (C) OUT-OF-STATE TITLE OR OTHER OFFICIAL PROOF OF OWNERSHIP.
3. THIS FORM MUST BE SIGNED BY AND INCLUDE THE PRINTED NAME OF AN AUTHORIZED AGENT OF THE COMPANY OR CORPORATION.

SALES TAX

THE SALES TAX EXEMPTION NUMBER OR CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER MUST BE SHOWN IN SECTION 6 OF THIS FORM.

NOTE: FORMS DR40, DR-41A AND FORM HSMV 82042 HAVE BEEN MERGED INTO THIS FORM.

Visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>