



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.

www.flhsmv.gov/locations/

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

Section 1: OWNER/APPLICANT INFORMATION

Form section for owner/applcant information including fields for Customer Number, Fleet Number, Unit Number, Owner's County of Residence, Owner Details, and Co-Owner Details.

Section 2: VESSEL DESCRIPTION

Form section for vessel description including fields for Hull Identification Number (HIN), Florida Title Number, FL/DO Number, Make/Manufacturer, Model, Year, Weight, Length, Draft of Vessel, and Vessel Type.

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

Form section for out-of-state/out-of-country certification including fields for Previous State of Issue and Previous Registration Number.

Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

Form section for documented/foreign-documented vessel certification including a statement of certification and options for documentation.



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|---|---|--|---------------------------------------|----------|
| Section 5: LIENHOLDER INFORMATION <i>(If applicable)</i> | | | | |
| 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 <i>(Voluntary)</i> | Lienholder's Email <i>(Voluntary)</i> | |
| Date of Lien | Lienholder's Mailing Address | City | State | Zip Code |
| Lienholder's Name <i>(If box is not checked, title will be mailed to the first lienholder.)</i> | | <input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the vessel title to the owner and sign here: _____ | | |

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|--|---------------------------------|------|-------|----------|
| Section 6: SECURITY INTEREST | | | | |
| <input type="checkbox"/> I certify that the vessel listed above has security interests. <i>(More than one form HSMV 82040 may be used for additional secured parties.)</i> | | | | |
| Secured Party's Name | Secured Party's Mailing Address | City | State | Zip Code |

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|---|--|--|-------------------|--|
| Section 7: TRANSFER TYPE <i>(If applicable)</i> | | | | |
| 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 <i>(Specify):</i> _____ | | | _____/_____/_____ | |

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|--|-----------------------|--|--|------------------------|
| Section 8: DEALER SALES TAX REPORT AND VESSEL TRADE IN INFORMATION <i>(If applicable)</i> | | | | |
| 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 <i>(If known)</i> | Vessel Identification Number of Trade In | |

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| Section 9: SALES TAX EXEMPTION CERTIFICATION <i>(If applicable)</i> | | | | |
| 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 <i>(state agencies, counties, etc.)</i> 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 _____ <i>(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)</i> | | | | |

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| Section 10: REPOSESSION DECLARATION | | | | |
| <input type="checkbox"/> I certify that this vessel was repossessed upon default in the terms of the lien instrument and is now in my possession. | | | | |

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|--|--|--|--|--|
| Section 11: NON-USE AND OTHER CERTIFICATIONS | | | | |
| If checked, the following certifications are made by the applicant: | | | | |
| <input type="checkbox"/> I certify that the certificate of title is lost or destroyed. | | | | |
| <input type="checkbox"/> The vessel identified will not be operated on the waters of this state until properly registered. | | | | |
| <input type="checkbox"/> Other: <i>(explain)</i> _____ | | | | |

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|--|----------------------------------|--|------|--|
| Section 12: APPLICATION ATTESTMENT AND SIGNATURES | | | | |
| I/We physically inspected the HIN. <i>(More than one form HSMV 82040 may be used for additional signatures.)</i> | | | | |
| 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 <i>(If applicable)</i> | | | | |
| The undersigned person(s) state(s) that _____ died on _____. | | | | |
| | | | <i>(Name of deceased)</i> | <i>(Date)</i> |
| <input type="checkbox"/> Testate <i>(with a will)</i> <input type="checkbox"/> Intestate <i>(without a will)</i> and left the surviving heir(s) named below. | | | | |
| <input type="checkbox"/> When applicable, the heir(s) <i>(named below)</i> 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. <i>(More than one form HSMV 82040 may be used for additional signatures.)</i> | | | | |
| 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 | |