

## 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/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 II		Unit Number Owner's County of Residence										
Customer Number	Fleet Numl	ber			Unit Numb	er		Owr	ner's Coun	ty of Reside	nce	
Owner Details: Are you a Flor	ida Resident? 🗆	YES □NO	Are yo	u a US	Citizen?	YES [	□NO A	re you d	eaf or hard	of hearing?	(Voluntary	) □YES □NO
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued.  □ OR □ AND (If neither box is checked, the title will be issued with "and.") □ Tenancy by the Entirety □ 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)				Date of Birth
								!				
FL DL/ID or FEID/Suffix Number Owner's Mailing Address										State	Zip Code	
Owner's Residential Street Address						City				Zip Code		
Mail To Customer Name (If different from above owner)					Mail To's Phone Number (Voluntary)				ail (Voluntar	Sex	Date of Birth	
FL DL/ID or FEID/Suffix Number	t from abo	above mailing address)				City				Zip Code		
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 NO												
☐ Co-Owner or ☐ Lessee's Name as It Appears on Driver License					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 Add					dress			City			State	Zip Code
Co-Owner's/Lessee's Residential Street Address								City				Zip Code
Section 2: VESSEL DESCRIPTION	J											
Hull (Vessel) Identification Number (HIN)  □ HIN is needed (Vessel does not have a HIN)				Florida Title Number Fl			FL/DO N				of Numbe	State of Principal Use
Make/Manufacturer	Model Year			r Weight			Length			lepth of water a vessel draws.) ore in length and all sailboats.		
☐ I certify the vessel listed above h ☐ I certify the vessel listed above h					hull. 🗆 I	certify			damaged.		in. and assigr	nment (If known)
Vessel Type			Hull Mate	-		Propu	Ision Typ	ie.	Fnair	ne Drive Typ	e Fuel	
								_ ⊒ Manua	_	• •		lectric
					•			eller □ Sail □ Outboa			□D	iesel
					oerglass □ Wood □ Water			-			□G	as
☐ Houseboat ☐ Personal Watercraft ☐ Pla					astic □ Other:			□ Stern			□0	ther:
☐ Other: ☐ Oth							(5	(Specify)			cify) (Specify	
Primary Operation (Specification	<u>'/</u>			(0)	· · · · · · · · · · · · · · · · · · ·					(Opecii)	"	(Opcolly)
□ 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 Spiney Lobster □ Hire (Livery)												
□ Commercial Oyster □ Commercial Shrimp Recip. □ Dealer/Manuf. Demonstration □ Recreational (Pleasure) (Specify)												
Section 3: OUT-OF-STATE/OUT-O	F-COUNTRY C	ERTIFICATI	ION									
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)												
□ The vessel listed above has previously been titled or registered <b>out-of-state</b> . □ The vessel listed above has previously been titled or registered <b>out-of-country</b> .  Previous State of Issue												
												<u> </u>
Section 4: DOCUMENTED/FORE												
☐ I certify the vessel listed above i	-				-					cuments listed pers/Record		



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Section 5: LIEN	HOLDER INFORMATION (	If applica	able)										
ELT Customer  ☐ YES ☐ NO	□ FEID/Suffix # □ DMV /	Lienholder's Phone Number (Voluntary) Lienholder's					Email (Voluntary)						
Date of Lien	Lienholder's Mailing Addre	City					State	Zip Code					
Lienholder's Nam	ne (If box is not checked, title w	ill be mai	led to the first lienholder.)	□ Che	eck this box if	you, liei	nholder repres	entative,	authorize t	he Depart	ment to send		
				the ve	ssel title to th	e owner	and sign here	:					
Section 6: SECI	JRITY INTEREST												
	e vessel listed above has s	ecurity i	nterests (More than one t	form HS	MV 82040 may	he used	for additional se	cured nart	ries )				
Secured Party's I		Secured Party's Mailing Address			<u> </u>	City			State	Zip Code			
Section 7: TRAN	NSFER TYPE (If applicable)												
	transferred, how and when		vossol acquirod?	□ Inhe	ritanco				Date Acq	mired:			
☐ Sale (Price: \$_			possession   Court O			cify):			/	/_			
Section 8: DEA	LER SALES TAX REPORT	AND V	ESSEL TRADE IN INF	ORMA	TION (If appli	cable)							
Florida Sales Tax	License Number	Date	e of Sale	Amo	ount of Tax	nt of Tax Dealer/Agent Signature							
Year of Trade In	Make of Trade In	e In (If I	Vessel Identification Number of Trade In										
Section 9: SALE	S TAX EXEMPTION CERT	IFICAT	ION (If applicable)										
	eational vessel described			exempt	from the sa	es tax i	mposed by C	hapter 2	12, Florida	Statues,	, by:		
☐ Purchaser (st	ate agencies, counties, etc.) ho	lds valid	l exemption certificate		☐ Vessel will be used exclusively for rental.								
, , , , , , , , , , , , , , , , , , , ,						Sales Tax Registration Number:							
I hereby certify the	nat ownership of the vessel	describe	d on this application, is	not su	bject to Florid	a Sales	and Use Tax t	for the fol	lowing reas	son:			
□ Inheritance	☐ Gift ☐ Divorce	Decree	☐ Transfer betwe	en a m	arried couple		Other:						
☐ Even trade o	r trade down												
		the facts	of the even trade or trade	down ar	nd the transfero	r informa	tion, including th	e transfer	or's name an	nd address.	)		
Section 10: REP	OSSESSION DECLARATI	ON											
	is vessel was repossessed		fault in the terms of the	lien ins	strument and	s now i	n my possessi	on.					
Section 11: NON	N-USE AND OTHER CERT	FICATION	ONS										
	ollowing certifications are ma												
☐ I certify that the	e certificate of title is lost or	destroy	ed.										
☐ The vessel ide	entified will not be operated	on the w	raters of this state until p	properly	y registered.								
☐ Other: (explain)													
Section 12: APP	PLICATION ATTESTMENT	AND SI	GNATURES										
	inspected the HIN. (More the of perjury, I declare that I						tated in it are	true.					
Full Name of Applicant, Owner					Signature of	nt, Owner	Owner			Date			
Full Name of Applicant, Co-Owner				Signature of App			plicant, Co-Owner			С	Date		
				1									
	EASE OF SPOUSE OR HE	IRS IN	EREST (If applicable)										
The undersigned	person(s) state(s) that			lame of	deceased)				died on		 Pate)		
☐ Testate (with			a will) and left the surviv	/ing hei	r(s) named b					(D	ate)		
	able, the heir(s) (named below of perjury, I declare that I						tated in it are	true					
(More than one form	n HSMV 82040 may be used fo	r addition											
Full Name of □ S	Spouse, □ Co-Owner or □	Heir(s)			Signature of	Spouse,	Co-Owner or	Heir(s)			Date		
Full Name of $\square$ Spouse, $\square$ Co-Owner or $\square$ Heir(s)						Signature of Spouse, Co-Owner or Heir(s)					Date		
	of death the decedent wa ht, title, interest and claim									hereby re	leases all of		
Full Name of Applicant					Signature of Applicant					С	Date		
Full Name of Applicant						Signature of Applicant							