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

Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, FL 32399-0620

REASSIGNMENT SUPPLEMENT TO A CERTIFICATE OF TITLE

NOTICE: (A) THIS FORM IS A SUPPLEMENT FORM WHICH MAY BE USED BY LICENSED MOTOR VEHICLE/VESSEL DEALERS UPON DEALER TRANSFERS. THIS FORM IS TO BE USED ONLY FOR ODOMETER EXEMPT VEHICLES. TO BE USED IN ORDER FROM TOP TO BOTTOM. (B) INDIVIDUALS OR NON-LICENSED DEALERS CANNOT USE THIS FORM OR REASSIGN A CERTIFICATE OF TITLE. (C) EACH REASSIGNMENT SHALL BE IN SUCCESSIVE ORDER AND IS NOT VALID UNTIL COMPLETED IN FULL. (D) ANY ALTERATION OR ERASURE VOIDS THE ASSIGNMENT. (E) SECTION 319.33, FLORIDA STATUTES, PROVIDES: ANY PERSON IS GUILTY OF A FELONY WHO ALTERS OR FORGES ANY ASSIGNMENT OF CERTIFICATE OF TITLE OR RETAINS FOR USE SUCH ASSIGNMENT THAT HAS BEEN ALTERED OR FORGED, ON A CERTIFICATE OF TITLE OR ON A FORM THE DEPARTMENT PRESCRIBES. (F) THE NAME OF DEALER MUST BE LISTED AS IT APPEARS ON DEALER LICENSE. (G) SALES TAX AMOUNT AND SALES TAX NUMBER DO NOT NEED TO BE COMPLETED ON DEALER TO DEALER SALES. (H) AUCTION MUST COMPLETE A REASSIGNMENT AS A LICENSED DEALER.

REASSIGNMENT SUPPLEMENT TO: (CHECK ONE AND PROVIDE TITLE NUMBER)

(FOREIGN STATE) CERTIFICATE OF TIT		
MANUFACTURER'S STATEMENT OF ORIGIN OR CERTIFICATE OF ORIGIN		EYEAR
IDENTIFICATION NUMBER	TRAILER WEIGHT	
REASSIGNMENT OF TITLE BY A LICENSED MOTOR VEHICLE D FOR VALUE RECEIVED, I, THE UNDERSIGNED LICENSED DEALER, HEREBY ASSIGN AND CERTIFICATE OF TITLE NAMED ABOVE AND CERTIFY THIS SALE AS SPECIFIED BELOW:		
PURCHASER(S)	DATE OF BIRTH	DRIVER LICENSE #
PURCHASER'S RESIDENCE ADDRESS		
CO-PURCHASER(S)	DATE OF BIRTH	DRIVER LICENSE #
CO-PURCHASER'S RESIDENCE ADDRESS		
DEALER LICENSE # STATE DEALER IS LICENSED	ODOMETER READING	DATE READ
I CERTIFY THAT THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STAT THE PURCHASER ON THE ABOVE DESCRIBED VEHICLE.		
AMOUNT OF SALES TAX COLLECTED FLORIDA SA		
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING	DOCUMENT AND THAT THE	FACTS STATED IN IT ARE TRUE.
NAME OF DEALERSHIP SIGNATURE OF DEAL	ER OR AUTHORIZED REPRESE	NTATIVE
ADDRESS OF DEALERSHIP	DATE	
REASSIGNMENT OF TITLE BY A LICENSED MOTOR VEHICLE D FOR VALUE RECEIVED, I, THE UNDERSIGNED LICENSED DEALER, HEREBY ASSIGN AND CERTIFICATE OF TITLE NAMED ABOVE AND CERTIFY THIS SALE AS SPECIFIED BELOW:	WARRANT TITLE OF THE MOT	OR VEHICLE DESCRIBED IN THE
PURCHASER(S)	DATE OF BIRTH	DRIVER LICENSE #
PURCHASER'S RESIDENCE ADDRESS		
CO-PURCHASER(S)	DATE OF BIRTH	DRIVER LICENSE #
CO-PURCHASER'S RESIDENCE ADDRESS		
DEALER LICENSE # STATE DEALER IS LICENSED	ODOMETER READING	DATE READ
I CERTIFY THAT THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STAT PURCHASER ON THE ABOVE DESCRIBED VEHICLE.		
AMOUNT OF SALES TAX COLLECTED FLORIDA SA	LES TAX REGISTRATION N	0
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING	DOCUMENT AND THAT THE	FACTS STATED IN IT ARE TRUE.
NAME OF DEALERSHIP SIGNATURE OF DEAL	R OR AUTHORIZED REPRESENTATIVE	
ADDRESS OF DEALERSHIP	DATE	
THIS FORM IS NOT VALID UNLESS ATTACHED TO THE TITLE THAT IT SUPPLEMENTS (ORIGINOTE: A PENALTY FEE IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 D		

HSMV 82091 (REV. 8/09)