STATE OF FLORIDADEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

AFFIDAVIT FOR CHANGE OF MOTOR (For A Motor Vehicle Manufactured Prior to 1955)

This is to certify that I,			, am the
This is to certify that I,(Owner of Vehicle)		,
lawful owner of a(Year)			·
(Year)	(Make)		(Body Type)
Engine/Motor Number			
Florida Title Number	·		
The above listed engine/motor has b	een removed fror	n this mot	or vehicle and
another engine/motor has been insta	alled. The installe	d e <mark>ngine</mark> /	motor
number,	, W	as remove	ed from:
A motor vehicle manus showing the assigned	d FLA number).		•
The certificate of title for the above d	lescribed motor ve		
for correction/issuance, in order to p	toperty identity the	e motor ve	illicie.
Under penalties of Perjury, I Declare Tha That The Facts Stated In It Are True.	at I Have Read The I	Foregoing I	Document and
Printed Name of Owner	(Signature of Ov	wner)	(Date Signed)
Owner's DOB FL Driver License/FEII	D/Suffix #	Owner's	Email Address
Owner's Address			
City	<u> </u>	State	Zip

Check your local phone book government pages or visit the following website for current mailing addresses: http://www.flhsmv.gov/offices/ HSMV 82103 (Rev. 10/11)