



STATEMENT OF BUILDER

REBUILT ASPT KIT CAR OTHER: _____

SECTION I. DESCRIPTION OF: Motor Vehicle Motorcycle Mobile Home

1. _____
Year Make Identification Number Color Body Length

2. Title Number: _____ Title State: _____

3. Other/Title Number: _____ Title State: _____

4. Motor Vehicle/Motorcycle is complete and in road operable condition. _____ (Initials)

5. Mobile Home is habitable for residential or commercial purposes. _____ (Initials)

SECTION II. MAJOR COMPONENT PARTS USED IN THE BUILDING/REPAIR PROCESS

Note: Major component parts are defined as: For motor vehicles other than motorcycles, any fender, hood, bumper, cowl assembly, rear quarter panel, trunk lid, door, deck lid, floor pan, engine, frame, transmission, catalytic converter or airbag. In addition to the previously mentioned: major component parts for electric, hybrid, or plug-in vehicles or trucks include any electric traction motor, electronic transmission, charge port, DC power converter, onboard charger, power electronics controller, thermal system, transaction battery pack, or airbag.

1. This section is not applicable as the Motor Vehicle Motorcycle Mobile Home
was purchased from _____ on _____ 20 _____, in complete rebuilt or ASPT condition.

2. List the major component parts used in the building/repair process (if additional space is needed, please use form HSMV 84491).

Part	New	Used	Repaired	Aftermarket	Homemade	Source/VIN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. When Section II (1) is not applicable, describe the repairs made in detail. (If additional space is needed, please use form HSMV 84491. Attach the original MSO, bill of sale(s), or receipt(s) for all major component parts (must contain name, address, telephone, and signature of seller).

4. Number of Receipts: _____

SECTION III. CUSTOM VEHICLE OR STREET ROD

The following statements are required to be attested to according to section 320.0863, Florida Statutes. Failure to attest to these statements will cause this agency to reject your application.

- The vehicle will not be used for general daily transportation but will be maintained for occasional transportation, exhibitions, club activities, parades, tours, or other functions of public interest and similar uses.
- The vehicle meets state equipment and safety requirements for motor vehicles that were in effect in this state as a condition of sale in the year listed as the model year on the certificate of title.

By checking the boxes above and by signature below, I acknowledge and attest to the statements above as my written statement relating to a custom vehicle or street rod.

Signature

Date

SECTION IV. APPLICANT INFORMATION AND SIGNATURE

Date: _____

The undersigned hereby certifies that the vehicle conforms to Florida and Federal Motor Vehicle Safety Standards. Under penalties of perjury, I declare that I have read the foregoing document and that the facts provided herein are true. No material information regarding the motor vehicle, motorcycle, or mobile home has been omitted.

Printed Name of Applicant/Business

Printed Name of Applicant/Business

Street Address

Street Address

City State Zip

City State Zip

Telephone Number(S)

Telephone Number(S)

Signature Of Applicant/Business

Signature Of Applicant/Business

SECTION V. HSMV OFFICE USE ONLY

HSMV CE signature below attests to the VIN verification and vehicle inspection requirement. PRVIP Inspector attest to vehicle inspection only.

VIN	Title Number		
D-1	Title State	Odometer	
D-2	Year	Make	
D-3	Body	Color	
D-4	Audit #	Region #	

Please mark the appropriate answer		Yes	No	Please mark the appropriate answer		Yes	No
				FRVIS		<input type="checkbox"/>	<input type="checkbox"/>
Secondary VIN Verified		<input type="checkbox"/>	<input type="checkbox"/>	Previous Rebuilt		<input type="checkbox"/>	<input type="checkbox"/>
Federal Decal		<input type="checkbox"/>	<input type="checkbox"/>	NICB Check		<input type="checkbox"/>	<input type="checkbox"/>
Replacement VIN Plate/Decal		<input type="checkbox"/>	<input type="checkbox"/>	Component Parts Marked		<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Painted Prior to Inspection		<input type="checkbox"/>	<input type="checkbox"/>	Flood Damaged		<input type="checkbox"/>	<input type="checkbox"/>
Odometer Replacement Notice		<input type="checkbox"/>	<input type="checkbox"/>	Theft		<input type="checkbox"/>	<input type="checkbox"/>

This ASPT/Vehicle resembles a: _____ Tax Due On: _____

MOBILE HOME USE ONLY Mobile Home was measured: With Tongue Without Tongue

Comments : _____

Under Penalties of perjury, I declare that I have made an inspection of this motor vehicle, motorcycle or mobile home and completed Section V based on that inspection.

_____ Signature of HSMV Compliance Examiner	_____ Print Name of HSMV Compliance Examiner	_____ Region #	_____ Date
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_____ Signature of PRVIP Inspector	_____ Print Name of PRVIP Inspector	_____ Co/Agy #	_____ Date
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