



**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION**  
 SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE  
[www.flhsmv.gov/titles](http://www.flhsmv.gov/titles)

**CHECK APPLICATION TYPE:**  ORIGINAL  TRANSFER **VEHICLE TYPE:**  MOTOR VEHICLE  MOBILE HOME  VESSEL **OFF-HIGHWAY VEHICLE:**  ATV  ROV  MC

**1 OWNER / APPLICANT INFORMATION**

Customer Number: \_\_\_\_\_ Check this box if you are requesting the certificate of title to be printed:

Are you a Florida resident?  yes  no  
 Are you an alien?  yes  no

OR  AND **NOTE:** When part ownership, please indicate if "or" or "and" is to be shown on the when issued. If neither box is checked, the title will be issued with "and".  
 Life Estate/Remainder Person  Tenancy By the Entirety  With Rights of Survivorship  Owner's County of Residence: \_\_\_\_\_

Owner's Name As It Appears on Driver License (First, Full Middle/ Maiden, & Last Name): \_\_\_\_\_ Owner's Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ FL Driver License or FEID/Suffix #: \_\_\_\_\_

Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/ Maiden, & Last Name): \_\_\_\_\_ Co-Owner's/Lessee's Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ FL Driver License or FEID/Suffix #: \_\_\_\_\_

Owner's Mailing Address (Mandatory unless a member of the Military): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Home Physical Address (if applicable). Check if in a mobile home rental park with 10 or more lots: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail To Customer Name (if different from above owner): \_\_\_\_\_ Mail To Customer's Email Address: \_\_\_\_\_ FL Driver License or FEID/Suffix #: \_\_\_\_\_

Mail To Customer Address (if different from above mailing address): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2 MOTOR VEHICLE, MOBILE HOME, OR VESSEL INFORMATION**

Vehicle/Vessel Identification Number: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Florida Title Number: \_\_\_\_\_

Previous State of Issue: \_\_\_\_\_ License Plate or Vessel Registration Number: \_\_\_\_\_ Weight: \_\_\_\_\_ GVW/LOC: \_\_\_\_\_ VAN USE, IF APPLICABLE:  PASSENGER  OTHER

**TYPE**

Open Motorboat  Recreational  Personal Watercraft  Jet Ski  Sail  Gas  Draft of Vessel (The depth of water a vessel draws)

Cabin Motorboat  Personal  Canoe  Inboard  Air Propelled  Diesel  Electric  FT. \_\_\_\_\_ IN \_\_\_\_\_

Auxiliary Sailboat  Afloat  Other \_\_\_\_\_  Inboard/Outboard  Other \_\_\_\_\_  Other \_\_\_\_\_  Other \_\_\_\_\_

Inflatable  Sailboat \_\_\_\_\_  Specialty \_\_\_\_\_  Specialty \_\_\_\_\_

VESSEL

Recreational (Passenger)  Commercial (State Craft)  Government  Commercial Sprayer  PREVIOUS OUT-OF-STATE REGISTRATION NUMBER: \_\_\_\_\_

Dealer/Manufacturer  Commercial  Commercial (Shrimp Recip.)  Commercial Charter  Commercial Other

Exempt  War  Commercial (Shrimp Non-Recip.)  Commercial Charter  Commercial Other

Commercial (Shrimp Non-Recip.)  Commercial Charter  Commercial Other

Previously Federally Documented: \_\_\_\_\_ State of Previous Use: \_\_\_\_\_

U.S. Coast Guard Release: \_\_\_\_\_  Copy of Canceled Documentation Papers: \_\_\_\_\_

**3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)**

SHORT TERM LEASE  REBUILT  POLICE VEHICLE  PRIVATE USE  TAXI CAB  FLOOD  LEVY  CUSTOM

ASSEMBLED FROM PARTS  LOST TITLE  KIT CAR  GUIDER KIT  MANUF. BUY BACK  REPLICA  AUTONOMOUS  ELECTRIC  STREET ROD

**4 LIENHOLDER INFORMATION**

CHECK IF ELT CUSTOMER:  FEID #: \_\_\_\_\_ DL # and Sex and Date of Birth: \_\_\_\_\_ DMV Account #: \_\_\_\_\_ Date of Lien: \_\_\_\_\_ Lienholder's Name: \_\_\_\_\_

Lienholder's Email Address: \_\_\_\_\_ Lienholder's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: \_\_\_\_\_ (Signature of Lienholder's Representative)

**5 TRANSFER TYPE**

IF OWNERSHIP WAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?

SALE  TRAFFIC  REPOSSESSION  COURT ORDER  OTHER (SPECIFY) \_\_\_\_\_ DATE ACQUIRED: \_\_\_\_\_

**6 ODOMETER DECLARATION**

**WARNING:** Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I WE STATE THAT THIS  IS OR  IS DIGIT ODOMETER NOW READS \_\_\_\_\_ MILES, DATE READ \_\_\_\_\_ AND I WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READINGS:

1. REFLECTS ACTUAL MILEAGE.  2. IS IN EXCESS OF ITS MECHANICAL LIMITS.  3. IS NOT THE ACTUAL MILEAGE.

**7 DEALER SALES TAX REPORT AND VEHICLE TRADE-IN INFORMATION (IF APPLICABLE)**

FLORIDA SALES TAX REGISTRATION NUMBER: \_\_\_\_\_ DATE OF SALE: \_\_\_\_\_ DEALER LICENSE NUMBER: \_\_\_\_\_ AMOUNT OF TAX: \_\_\_\_\_ DEALER / AGENT SIGNATURE: \_\_\_\_\_

YEAR OF TRADE IN: \_\_\_\_\_ MAKE OF TRADE IN: \_\_\_\_\_ TITLE NUMBER OF TRADE IN (IF KNOWN): \_\_\_\_\_ VEHICLE IDENTIFICATION NUMBER OF TRADE IN: \_\_\_\_\_

HSMV 82040 - REV. 11/15 RULE 15C-21.001, FAC [www.flhsmv.gov](http://www.flhsmv.gov)

# Application for Title HSMV 82040



# Application for Title

## HSMV 82040

The Application for Certificate of Title (Form HSMV 82040) is a communication to us from your customer regarding how they want their vehicle titled and registered.

The application includes the customer's personal information, vehicle information, and important transfer/sale/lien information.

Never use the application that is printed on the out-of-state title.

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION  
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE  
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CHECK APPLICATION TYPE:  ORIGINAL  TRANSFER VEHICLE TYPE:  MOTOR VEHICLE  MOBILE HOME  VESSEL  OFF-HIGHWAY VEHICLE  ATV  ROV  MC

1. CUSTOMER INFORMATION  
Customer Number: \_\_\_\_\_  
Check this box if you are requesting a certificate of title in the printed form.  
 OR  AND: NOTE: When part ownership, please indicate if "or" or "and" is to be shown on the title when issued. If neither box is checked, the title will be issued with "and".  
If applicable:  Life Estate/Remainder Person  Tenancy By the Entirety  With Rights of Survivorship  Owner's County of Residence: \_\_\_\_\_  
Owner's Name As it Appears on Driver License (First, Full Middle/Initial, & Last Name): \_\_\_\_\_ Owner's Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ FL Driver License or FEID/ID/SA # if applicable: \_\_\_\_\_  
Co-Owner's Name As it Appears on Driver License (First, Full Middle/Initial, & Last Name): \_\_\_\_\_ Co-Owner's Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ FL Driver License or FEID/ID/SA # if applicable: \_\_\_\_\_  
Owner's Mailing Address (Mandatory unless a member of the Military): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Co-Owner's Mailing Address (Mandatory unless a member of the Military): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner's Address (Physical Street Address of Florida, Mandatory unless a member of the Military): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mobile Home Physical Address (if available): Check if it is a mobile home with park with 10 or more lots: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mail To Customer Name (if different from above owner): \_\_\_\_\_ Mail To Customer's Email Address: \_\_\_\_\_  
Mail To Customer Address (if different from above mailing address): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. MOTOR VEHICLE, MOBILE HOME, OR VESSEL INFORMATION  
Vehicle/Vessel Identification Number: \_\_\_\_\_ Florida Title Number: \_\_\_\_\_  
Previous State of Issue: \_\_\_\_\_ License Plate or Inland Registration Number: \_\_\_\_\_ Weight: \_\_\_\_\_  
TYPE:  Open Motorboat  Huskibond  Personal Watercraft  Canoe  Sail  Gas  Draft of Vessel (If the length of motor is less than 16 feet)  
 Cabin Motorboat  Pontoon  Canoe  Air Propelled  Diesel  Electric  FT \_\_\_\_\_ IN \_\_\_\_\_  
 Auxiliary Sailboat  Aboard  Other \_\_\_\_\_  Outboard  Other \_\_\_\_\_  
 Intake  Sailboat  Other \_\_\_\_\_  
FUEL:  Gas  Diesel  Electric  
OTHER:  Other \_\_\_\_\_  
PREVIOUS OUT-OF-STATE REGISTRATION NUMBER: \_\_\_\_\_  
U.S. Coast Guard: \_\_\_\_\_  
Copy of Cancelled Documentation Papers: \_\_\_\_\_

3. BRANDS, USAGE AND TYPE (Check Applicable Boxes)  
 Recreational (Personal)  Dealer/Manufacturer  Commercial  Government  Commercial Sprayer  Commercial Other  FLOOD  LEVY  CUSTOM  
 Export  New  Used  Salvage  Police Vehicle  Private Use  Taxi Cab  Replicia  A/Taxi/Tractor  Electric  Street Racer  
 U.S. Coast Guard  Other \_\_\_\_\_  
Copy of Cancelled Documentation Papers: \_\_\_\_\_

4. CHECK IF RPT. CUSTOMER  
Lienholder Information  
Lienholder's Name: \_\_\_\_\_  
Lienholder's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Lienholder's Email: \_\_\_\_\_  
If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and complete: \_\_\_\_\_ (Signature of Lienholder's Representative)

5. TRANSFER TYPE  
If Ownership Was Transferred, How and When Was the Vehicle, Mobile Home, or Vessel Acquired?  
 SALE  LEASE  REPOSSESSION  COURT ORDER  OTHER (Specify): \_\_\_\_\_ DATE ACQUIRED: \_\_\_\_\_

6. ODOMETER DECLARATION  
WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.  
I/WE STATE THAT THIS \_\_\_\_\_ IS OR \_\_\_\_\_ IS DIGIT ODOMETER NOW READS \_\_\_\_\_ MILES. GATE READ \_\_\_\_\_ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:  
 1 REFLECTS ACTUAL MILEAGE.  2 IS IN EXCESS OF ITS MECHANICAL LIMITS.  3 IS NOT THE ACTUAL MILEAGE.

7. DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)  
FLORIDA SALES TAX REGISTRATION NUMBER: \_\_\_\_\_ DATE OF SALE: \_\_\_\_\_ DEALER LICENSE NUMBER: \_\_\_\_\_ AMOUNT OF TAX: \_\_\_\_\_ DEALER'S AGENT SIGNATURE: \_\_\_\_\_  
YEAR OF TRADE IN: \_\_\_\_\_ MAKE OF TRADE IN: \_\_\_\_\_ TITLE NUMBER OF TRADE IN (IF KNOWN): \_\_\_\_\_ VEHICLE IDENTIFICATION NUMBER OF TRADE IN: \_\_\_\_\_

HSMV 82040 - REV. 11/15 RULE 15C-21.001, FAC [www.flhsmv.gov](http://www.flhsmv.gov)





# Application for Title

## HSMV 82040

**Section 1** is all about the applicant(s)

1. If vehicle is going into an owner and co-owner name, indicate how names are to be joined on title here (if neither box is checked, applicants will be joined by the "AND" conjunction).
2. Owner's name as it appears on identification must be entered here. Also indicate their date of birth, gender and FL DL/ID number (if applicable).
3. Enter owner's mailing address in this section.
4. Enter owner's physical address in this section.
5. This section is only filled out for mobile homes. Must list mobile home physical address. If mobile home is in a rental park, box must be checked.

OWNER / APPLICANT INFORMATION						
Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>	<b>Owner</b> Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no		<b>Co-Owner</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no		Unit Number
						Fleet Number
1 <input type="checkbox"/> OR <input type="checkbox"/> AND <b>NOTE:</b> When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and." If applicable: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy By the Entirety <input type="checkbox"/> With Rights of Survivorship <input type="checkbox"/> Owner's County of Residence:						
2	Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Owner's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #	
	Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Co-Owner's/Lessee's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #	
3	Owner's Mailing Address (Mandatory unless a member of the Military)	City			State	Zip
	Co-Owner/Lessee's Mailing Address (Mandatory unless a member of the Military)	City			State	Zip
4	Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)	City			State	Zip
5	Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>	City			State	Zip
	Mail To Customer Name (If different From Above Owner)	Mail To Customer's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #	
	Mail To Customer Address (If different From Above Mailing Address)	City			State	Zip



# Application for Title

## HSMV 82040

### Section 2 – Vehicle/Vessel Information

1. Enter VIN, make, year, body type, color and FL title number (if applicable) in this section. USE COLOR CODES (“Unknown” is NOT a color) DO NOT USE MANUFACTURER’S COLORS (Stone/Paprika)

2. If vehicle is coming from another state, enter the previous state in this section.

3. If customer has a plate to transfer, enter plate number to transfer here. If their license plate was lost, enter the license plate number and the word “replace”. If requesting a new plate, indicate “NEW” in this section. If customer is not requesting a registration, enter “title only”.

4. Enter weight of vehicle here.

5. This section is used for vessels, travel trailers or mobile homes. Enter length of vessel, travel trailer or mobile home here.

6. This section would be used for motorcycles, in lieu of the weight. Enter the brake horsepower or the cubic centimeters for the motorcycle.

7. For heavy trucks, owners must declare a GVW in this section. This is not the GVWR.

8. For vans, owners must declare whether the van is a passenger van or a cargo van in this section

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION							
1 Vehicle/Vessel Identification Number		Make/Manufacturer		Year	Body	Color	Florida Title Number
2 Previous State of Issue	3 License Plate or Vessel Registration Number	4 Weight	5 Length Ft. In.	6 BHP/CC	7 GVW/LOC	8 IN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER	



# Color Codes

Legislation required that the color of a vehicle to be listed on its registration. The following three letter codes are to be used on the application for title.

Applications submitted with no color listed or the color listed as "UNKNOWN" will not be processed.

Vehicles with more than one color should be separated by a slash (/). Example: BLU/WHI

ALUMINUM / SILVER	SIL
AMETHYST	AME
BEIGE	BGE
BLACK	BLK
BLUE	BLU
BLUE, DARK	DBL
BLUE, LIGHT	LBU
BRONZE	BRZ
BROWN	BRO
BURGUNDY / MAROON	MAR
CAMOUFLAGE	CAM
CHROME / STAINLESS	COM
COPPER	CPR
CREAM / IVORY	CRM
GOLD	GLD
GRAY	GRY
GREEN	GRN
GREEN, DARK	DGR
GREEN, LIGHT	LGR
LAVENDER	LAV
MAUVE	MVE
MULTICOLORED	MUL
ORANGE	ONG
PINK	PNK
PURPLE	PLE
RED	RED
TAN	TAN
TAUPE	TPE
TEAL	TEA
TURQUOISE	TRQ
WHITE	WHI
YELLOW	YEL



# Application for Title

## HSMV 82040

### Section 2 – Vehicle/Vessel Information

9. This section is only completed for vessel transactions. Owners must declare the vessel type, hull material, propulsion, fuel and use of the vessel by checking the applicable box or specifying the answer in each section.

9	<table border="1"> <thead> <tr> <th colspan="3">TYPE</th> <th colspan="2">HULL MATERIAL</th> <th colspan="2">PROPULSION</th> <th>FUEL</th> <th>*DRAFT OF VESSEL <small>(The depth of water a vessel draws)</small></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Open Motorboat</td> <td><input type="checkbox"/> Houseboat</td> <td><input type="checkbox"/> Personal Watercraft</td> <td><input type="checkbox"/> Wood</td> <td><input type="checkbox"/> Aluminum</td> <td><input type="checkbox"/> Outboard</td> <td><input type="checkbox"/> Sail</td> <td><input type="checkbox"/> Gas</td> <td rowspan="4">           FT. _____ IN. _____  <small>*For all vessels 26' or more in length and all sailboats</small> </td> </tr> <tr> <td><input type="checkbox"/> Cabin Motorboat</td> <td><input type="checkbox"/> Pontoon</td> <td><input type="checkbox"/> Canoe</td> <td><input type="checkbox"/> Fiberglass</td> <td><input type="checkbox"/> Steel</td> <td><input type="checkbox"/> Inboard</td> <td><input type="checkbox"/> Air Propelled</td> <td><input type="checkbox"/> Diesel</td> </tr> <tr> <td><input type="checkbox"/> Auxiliary Sailboat</td> <td><input type="checkbox"/> Airboat</td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Wood/Fiberglass</td> <td></td> <td><input type="checkbox"/> Inboard/Outboard</td> <td></td> <td><input type="checkbox"/> Electric</td> </tr> <tr> <td><input type="checkbox"/> Inflatable</td> <td><input type="checkbox"/> Sailboat</td> <td style="text-align: center;"><i>Specify</i></td> <td><input type="checkbox"/> Other _____</td> <td style="text-align: center;"><i>Specify</i></td> <td><input type="checkbox"/> Other _____</td> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> </tbody> </table>	TYPE			HULL MATERIAL		PROPULSION		FUEL	*DRAFT OF VESSEL <small>(The depth of water a vessel draws)</small>	<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Personal Watercraft	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail	<input type="checkbox"/> Gas	FT. _____ IN. _____ <small>*For all vessels 26' or more in length and all sailboats</small>	<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Pontoon	<input type="checkbox"/> Canoe	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel	<input type="checkbox"/> Inboard	<input type="checkbox"/> Air Propelled	<input type="checkbox"/> Diesel	<input type="checkbox"/> Auxiliary Sailboat	<input type="checkbox"/> Airboat	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wood/Fiberglass		<input type="checkbox"/> Inboard/Outboard		<input type="checkbox"/> Electric	<input type="checkbox"/> Inflatable	<input type="checkbox"/> Sailboat	<i>Specify</i>	<input type="checkbox"/> Other _____	<i>Specify</i>	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	<table border="1"> <thead> <tr> <th colspan="6">USE OF VESSEL</th> <th rowspan="2">PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Recreational (Pleasure)</td> <td><input type="checkbox"/> Commercial Blue Crab</td> <td><input type="checkbox"/> Commercial Stone Crab</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Commercial Sponge</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dealer/Manuf.</td> <td><input type="checkbox"/> Commercial Fish</td> <td><input type="checkbox"/> Commercial Live Bait</td> <td><input type="checkbox"/> Commercial Shrimp Recip.</td> <td><input type="checkbox"/> Commercial Charter</td> <td><input type="checkbox"/> Commercial Other _____</td> </tr> <tr> <td><input type="checkbox"/> Exempt</td> <td><input type="checkbox"/> Hire (Livery)</td> <td><input type="checkbox"/> Commercial Mackerel</td> <td><input type="checkbox"/> Commercial Shrimp Non-Recip.</td> <td><input type="checkbox"/> Commercial Oyster</td> <td><input type="checkbox"/> Commercial Spiny Lobster</td> </tr> </tbody> </table>	USE OF VESSEL						PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:	<input type="checkbox"/> Recreational (Pleasure)	<input type="checkbox"/> Commercial Blue Crab	<input type="checkbox"/> Commercial Stone Crab	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial Sponge		<input type="checkbox"/> Dealer/Manuf.	<input type="checkbox"/> Commercial Fish	<input type="checkbox"/> Commercial Live Bait	<input type="checkbox"/> Commercial Shrimp Recip.	<input type="checkbox"/> Commercial Charter	<input type="checkbox"/> Commercial Other _____	<input type="checkbox"/> Exempt	<input type="checkbox"/> Hire (Livery)	<input type="checkbox"/> Commercial Mackerel	<input type="checkbox"/> Commercial Shrimp Non-Recip.	<input type="checkbox"/> Commercial Oyster	<input type="checkbox"/> Commercial Spiny Lobster
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Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers						State of Principal Use _____																																																															



# Application for Title

## HSMV 82040

### Section 3 – Brands, Usage, and Type

Here you will indicate the vehicle use type. For most vehicles, the use will be private. Also indicate any brands associated with the vehicle in this section.

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)								
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ILEV	<input type="checkbox"/> CUSTOM
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD





# Application for Title

## HSMV 82040

### Section 5 – Transfer Type

Indicate how vehicle was acquired in this section. Dealerships typically use “sale”.  
Also indicate the date of sale/acquired.

5	TRANSFER TYPE		
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?			
<input type="checkbox"/> SALE	<input type="checkbox"/> GIFT	<input type="checkbox"/> REPOSSESSION	<input type="checkbox"/> COURT ORDER
<input type="checkbox"/> OTHER (SPECIFY)	DATE ACQUIRED		



# Application for Title

## HSMV 82040

### Section 6 – Odometer Declaration

The applicants must declare their mileage in this section. The odometer reading, the odometer date read, and the odometer status must be indicated in this section.

6	ODOMETER DECLARATION									
<small>WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.</small>										
IWE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="2"/> <input type="text" value=","/> <input type="text" value="3"/> <input type="text" value="8"/> <input type="text" value="7"/> .XX (NO TENTHS) MILES, DATE READ <input type="text" value="03"/> <input type="text" value=","/> <input type="text" value="30"/> <input type="text" value="2017"/> AND IWE HEREBY CERTIFY THAT TO THE BEST OF MYOUR KNOWLEDGE THE ODOMETER READING:										
<input checked="" type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE.										

Note: Section 6 is an Odometer Declaration – do not confuse this with a Disclosure.

An Odometer Declaration is simply a statement of a vehicle's mileage as indicated by its odometer.

An Odometer Disclosure Statement is a legally binding document that provides accurate mileage on the odometer at the time the vehicle transferred from the seller to the purchaser.



# Application for Title

## HSMV 82040

**Section 7** is all about your dealership

7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)				
FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN	

Enter the amount of tax collected in this section. This amount should match the amount of tax collected on the last reassignment on the title or reassignment supplement form.

Dealers must enter their FL sales tax registration number, the date of sale, their dealer license number and the amount of tax collected in this section. Dealers must also sign in this section.

For any vehicle traded in, indicate the trade-in information in this section. If there was no trade, enter "NO TRADE".

Nothing here should be omitted. If this section is not signed, we cannot process the transaction.



# Application for Title

## HSMV 82040

### Section 8 – Motor Vehicle Identification Number (VIN) Verification

Complete this section for all used out-of-state vehicles being transferred and titled in Florida. This section must contain the signature and printed name of the individual that physically verified the VIN number on the vehicle.

MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION			
<small>THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.</small>			
I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be:			_____
			(Vehicle Identification Number)
DATE	SIGNATURE	PRINTED NAME	
_____	_____	_____	
Law Enforcement Officer or Florida Dealer/Agency Name	_____	Badge # or Florida Dealer #	Notary Stamp or Seal
FL DMV/Tax Collector Employee	_____	Florida Compliance Examiner/Inspector Badge or ID Number	_____
COMMISSIONED NAME OF FLORIDA NOTARY:	_____	NOTARY'S SIGNATURE	_____
	(Print, Type or Stamp)		



# Application for Title

## HSMV 82040

### Section 9 – Sales tax exemption certification

Complete this section if the applicant is exempt from sales tax. This includes even trades and trade downs as no sales tax is collected.

- Lease transactions will require this section to be completed by the lessor.

9 SALES TAX EXEMPTION CERTIFICATION	
THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:	
<input type="checkbox"/> PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE	CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER
<input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL	SALES TAX REGISTRATION NUMBER
I hereby certify that ownership of the motor vehicle, mobile home or 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 HUSBAND AND WIFE <input type="checkbox"/> EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")	
<input type="checkbox"/> OTHER: (EXPLAIN)	

**Consumer's Certificate of Exemption Number** – granted to non-profit organizations and government entities (exempts them from having to pay sales tax).

**Sales Tax Registration Number** – allows dealers or leasing companies to collect, accrue and remit taxes.

Is the transaction tax exempt? There is a "other" box available for any explanation you have for the exemption. Explanations will be noted in the system by our customer service representative upon transfer.



# Application for Title

## HSMV 82040

### Section 10 – Repossession Declaration

If you have repossessed a vehicle, you will use this section to declare that the vehicle is already in your possession and that you are requesting a Certificate of Title in the name of your dealership.

10	REPOSSESSION DECLARATION
IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:	
<input type="checkbox"/>	I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
<input type="checkbox"/>	(VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.
<input type="checkbox"/>	I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).
<input type="checkbox"/>	I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

Check the top box for repossession transactions involving motor vehicles.  
Check the 2<sup>nd</sup> box from top for repossession transactions involving vessels.



# Application for Title

## HSMV 82040

### Section 11 - Non-Use and Other Certifications

The top box would be checked if the customer is stating **title is lost or destroyed**. This is mainly used on deceased owner transactions.

The 2<sup>nd</sup> box from the top would be checked if the customer is requesting a **title only** transaction with no registration **for a motor vehicle**. (Non-use affidavit)

The 3<sup>rd</sup> box from top would be checked if customer is requesting a **title only** transaction with no registration **for a vessel**. Non-use Affidavit)

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 VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.
<input type="checkbox"/>	THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.
<input type="checkbox"/>	OTHER: (EXPLAIN) _____

NOTE – if a vehicle is issued a temporary tag, the title only option is not allowed unless a letter of authorization is obtained from the Regional DMV Compliance office. If the customer does not intend to register the vehicle, no temporary tag should be issued.



# Application for Title

## HSMV 82040

### Section 12 - Application Attestment and Signatures

All applicant(s) must sign and date in this section regardless of the conjunction used to join owner names ("AND" or "OR").

12	APPLICATION ATTESTMENT AND SIGNATURES		
I/WE PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. <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.			
_____ SIGNATURE OF APPLICANT (OWNER)		_____ Date	_____ SIGNATURE OF APPLICANT (CO-OWNER)
		_____ Date	





# Application for Title

## HSMV 82040

### Section 13 – Release of Spouse/Heirs Interest

1. On deceased owner transactions, name of deceased must be entered. Must indicate if there is a will or not. If title is lost or destroyed, it may be indicated in this section.
2. If heirs are signing over interest to just one heir, they would sign and print their names in this section.
3. Applicant's name would be entered in this section for deceased transactions only.

Dealerships may request to have the client get the title in their name first. Doing so will ease the paperwork that they would otherwise need to be submitted.

Refer to Motor Vehicle Procedure TL-18 for more information.

13 RELEASE OF SPOUSE OR HEIRS INTEREST									
1	The undersigned person(s) state(s) as follows: That _____ (Name of Deceased) died on _____ (Date) <input type="checkbox"/> testate (with a will) <input type="checkbox"/> intestate (without a will) and left the surviving heir(s) named below. <input type="checkbox"/> When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed. <b>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.</b> <small>(More than one form HSMV 82040 may be used for additional signatures.)</small>								
2	<table><tr><td>Print or Type Name of Spouse, Co-owner or Heir(s)</td><td>Signature of Spouse, Co-Owner or Heir(s)</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>	Print or Type Name of Spouse, Co-owner or Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	_____	_____	_____	_____	_____	_____
Print or Type Name of Spouse, Co-owner or Heir(s)	Signature of Spouse, Co-Owner or Heir(s)								
_____	_____								
_____	_____								
_____	_____								
3	That at the time of death the decedent was owner of the motor vehicle, mobile home or 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 motor vehicle, mobile home or vessel to: _____ Name of Applicant(s) (Print or Type)								