

Title Application Instructions (HSMV 82040 VS)



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.

<https://www.flhsmv.gov/locations/>

Note: All fields are required unless otherwise stated or not applicable.

1. Application Type: Original Transfer

Section 1: OWNER/APPLICANT INFORMATION

Customer Number	Fleet Number	Unit Number	Owner's County of Residence MANATEE
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3. 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

4. When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. Select, if applicable: Life Estate/Remainder Person
 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) JOHN Q PUBLIC	Owner's Phone Number (Voluntary)	Owner's Email (Voluntary)	Sex M	Date of Birth 01/01/1950
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FL DL/ID or FEID/Suffix Number Q620-475-50-001-0	Owner's Mailing Address 819 301 BLVD W	City BRADENTON	State FL	Zip Code 34205-7906
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Owner's Residential Street Address 819 301 BLVD W	City BRADENTON	State FL	Zip Code 34205-7906
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Mail To Customer Name (If different from above owner)	Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex	Date of Birth
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FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)	City	State	Zip Code
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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
(First, Full Middle/Maiden, & Last Name)
JANE Q PUBLIC

Co-Owner or Lessee's Name as It Appears on Driver License JANE Q PUBLIC	Co-Owner's Phone Number (Voluntary)	Co-Owner's Email (Voluntary)	Sex F	Date of Birth 01/01/1950
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FL DL/ID or FEID/Suffix Number Q620-475-50-501-0	Co-Owner's/M lessee's Mailing Address 819 301 BLVD W	City BRADENTON	State FL	Zip Code 34205-7906
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Co-Owner's/M lessee's Residential Street Address 819 301 BLVD W	City BRADENTON	State FL	Zip Code 34205-7906
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Section 2: VESSEL DESCRIPTION

Hull (Vessel) Identification Number (HIN)	<input type="checkbox"/> HIN is needed (Vessel does not have a HIN)	Florida Title Number 12345678	FL/DO Number FL1234AB	Renewal of Number <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Principal Use
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Make/Manufacturer MAKE	Model MODEL	Year 2023	Weight	Length ft. in.	Draft of Vessel (The depth of water a vessel draws.) For all vessels 26' or more in length and all sailboats.
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7. I certify the vessel listed above has previously been branded as a damaged hull.
 I certify the vessel listed above has previously been branded as: *(Specify)* _____ State of brand assignment (If known)

Vessel Type <input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Pontoon <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Paddle Craft <input type="checkbox"/> Sailboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft	Hull Material <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____	Propulsion Type <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other: _____	Engine Drive Type <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Sterndrive <input type="checkbox"/> Other: _____	Fuel <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other: _____
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8. Primary Operation
 Commercial Blue Crab Commercial Charter Fishing Commercial Spiny Lobster Exempt Recreational Rent or Lease
 Commercial Live Bait Commercial Passenger Carrying Commercial Sponge Government Commercial Other:
 Commercial Mackerel Commercial Shrimp Non-Recip. Commercial Stone Crab Hire (Livery)
 Commercial Oyster Commercial Shrimp Recip. Dealer/Manuf. Demonstration Recreational (Pleasure) (Specify)

Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION

9. If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known)
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The vessel listed above has previously been titled or registered out-of-state. The vessel listed above has previously been titled or registered out-of-country.

Previous State of Issue	Previous Registration Number	Previous State of Issue	Previous Registration Number
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Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

10. <input type="checkbox"/> I certify the vessel listed above is not currently a documented vessel or foreign-documented vessel. (If selected, one of the documents listed below is required.) <input type="checkbox"/> U.S. Coast Guard Release Documentation Form is attached <input type="checkbox"/> or <input type="checkbox"/> Copy of Canceled Documentation Papers/Record is attached

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FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Section 5: LIENHOLDER INFORMATION (If applicable)																																																											
11. <table border="1"><tr><td>ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO</td><td><input type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB 134994650</td><td colspan="2">Lienholder's Phone Number (Voluntary)</td><td colspan="2">Lienholder's Email (Voluntary)</td></tr><tr><td>Date of Lien 07/01/2023</td><td colspan="2">Lienholder's Mailing Address 700 KANSAS LN # LA4-4041</td><td colspan="2">City MONROE</td><td>State LA Zip Code 71203</td></tr><tr><td colspan="3">Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.) JP MORGAN CHASE</td><td colspan="3"><input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the vessel title to the owner and sign here: _____</td></tr></table>						ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB 134994650	Lienholder's Phone Number (Voluntary)		Lienholder's Email (Voluntary)		Date of Lien 07/01/2023	Lienholder's Mailing Address 700 KANSAS LN # LA4-4041		City MONROE		State LA Zip Code 71203	Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.) JP MORGAN CHASE			<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the vessel title to the owner and sign here: _____																																						
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<table border="1"><tr><td colspan="3">If ownership has transferred, how and when was the vessel acquired? <input type="checkbox"/> Sale (Price: \$ _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____</td><td colspan="3">Date Acquired: _____ / _____ / _____</td></tr></table>						If ownership has transferred, how and when was the vessel acquired? <input type="checkbox"/> Sale (Price: \$ _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____			Date Acquired: _____ / _____ / _____																																																		
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13. Section 8: DEALER SALES TAX REPORT AND VESSEL TRADE IN INFORMATION (If applicable)																																																											
<table border="1"><tr><td>Florida Sales Tax Registration Number 78-99-999999-23</td><td>Dealer License Number VI-9999999-1</td><td>Date of Sale 07/01/2023</td><td>Amount of Tax 995.78</td><td colspan="2">Dealer/Agent Signature</td></tr><tr><td>Year of Trade In</td><td>Make of Trade In</td><td colspan="2">Title Number of Trade In (If known)</td><td colspan="2">Vessel Identification Number of Trade In</td></tr></table>						Florida Sales Tax Registration Number 78-99-999999-23	Dealer License Number VI-9999999-1	Date of Sale 07/01/2023	Amount of Tax 995.78	Dealer/Agent Signature		Year of Trade In	Make of Trade In	Title Number of Trade In (If known)		Vessel Identification Number of Trade In																																											
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17. Section 12: APPLICATION ATTESTMENT AND SIGNATURES																																																											
<table border="1"><tr><td colspan="6">I/We physically inspected the HIN. (More than one form HSMV 82040 may be used for additional signatures.) Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</td></tr><tr><td colspan="2">Full Name of Applicant, Owner JOHN Q PUBLIC</td><td colspan="2">Signature of Applicant, Owner <i>John Q. Public</i></td><td colspan="2">Date 07/01/2023</td></tr><tr><td colspan="2">Full Name of Applicant, Co-Owner JANE Q PUBLIC by Mary Smith POA</td><td colspan="2">Signature of Applicant, Co-Owner <i>Jane Q. Public by Mary Smith</i> POA</td><td colspan="2">Date 07/01/2023</td></tr></table>						I/We physically inspected the HIN. (More than one form HSMV 82040 may be used for additional signatures.) Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.						Full Name of Applicant, Owner JOHN Q PUBLIC		Signature of Applicant, Owner <i>John Q. Public</i>		Date 07/01/2023		Full Name of Applicant, Co-Owner JANE Q PUBLIC by Mary Smith POA		Signature of Applicant, Co-Owner <i>Jane Q. Public by Mary Smith</i> POA		Date 07/01/2023																																					
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18. Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)																																																											
<table border="1"><tr><td colspan="6">The undersigned person(s) state(s) that _____ died on _____ (Name of deceased) _____ (Date) _____</td></tr><tr><td colspan="6"><input type="checkbox"/> Testate (with a will) <input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below.</td></tr><tr><td colspan="6"><input type="checkbox"/> When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.</td></tr><tr><td colspan="6">Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. (More than one form HSMV 82040 may be used for additional signatures.)</td></tr><tr><td colspan="2">Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)</td><td colspan="2">Signature of Spouse, Co-Owner or Heir(s)</td><td colspan="2">Date</td></tr><tr><td colspan="2">Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)</td><td colspan="2">Signature of Spouse, Co-Owner or Heir(s)</td><td colspan="2">Date</td></tr><tr><td colspan="6">That at the time of death the decedent was owner of the 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 vessel to:</td></tr><tr><td colspan="2">Full Name of Applicant</td><td colspan="2">Signature of Applicant</td><td colspan="2">Date</td></tr><tr><td colspan="2">Full Name of Applicant</td><td colspan="2">Signature of Applicant</td><td colspan="2">Date</td></tr></table>						The undersigned person(s) state(s) that _____ died on _____ (Name of deceased) _____ (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.						Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. (More than one form HSMV 82040 may be used for additional signatures.)						Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)		Signature of Spouse, Co-Owner or Heir(s)		Date		Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)		Signature of Spouse, Co-Owner or Heir(s)		Date		That at the time of death the decedent was owner of the 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 vessel to:						Full Name of Applicant		Signature of Applicant		Date		Full Name of Applicant		Signature of Applicant		Date	
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