



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.

Section 1: Owner/Applicant Information

1. Select Original or Transfer
2. Select if you want your title printed in office (\$5.00) or mailed (\$2.50)
3. Check the appropriate boxes for Florida Resident and US Citizen
4. Choose a conjunction of "OR" or "AND" (if joint ownership). If no selection is made "AND" will be the recorded, regardless of indication on title.
5. Fill in new owner details. FL Driver License/Identification Card Number (leave blank if you do not hold a FL DL/ID), date of birth, mailing address, Florida residential address (if different from mailing). Repeat the same steps if adding a co-owner (name, FL DL/ID number, date of birth, address).

Section 2: Vessel Description

6. Enter in the Hull Identification Number (HIN), Florida Title Number (if it has one), the make/manufacturer, year and length
7. If the boat has ever had a brand on a previous title, fill in the information here
8. Select the boat type, hull material, propulsion, engine drive, fuel and the primary operation of the boat

Section 3: Out-of-State/Out-of-Country Certification

9. If the boat was ever certified in another state or country, fill in the applicable fields

Section 4: Documented/Foreign-Documented Vessel Certification

10. If the boat was ever documented (in the USA or abroad), you will have to certify and show applicable documentation stating it is no longer documented

1. Application Type: <input type="checkbox"/> Original <input type="checkbox"/> Transfer		2. Request to print Certificate of Title: <input type="checkbox"/> No <input type="checkbox"/> Yes: In office <input type="checkbox"/> Yes: Mailed	
Section 1: OWNER/APPLICANT INFORMATION			
Customer Number		Fleet Number	Unit Number
			Owner's County of Residence MANATEE
3. Owner Details:		Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")		Select, if applicable: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy by the Entirety <input type="checkbox"/> 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)
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
Owner's Residential Street Address 819 301 BLVD W		City BRADENTON	State FL Zip Code 34205-7906
5. Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)	City	State Zip Code
Co-Owner Details:		Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name) JANE Q PUBLIC		Co-Owner's Phone Number (Voluntary)	Co-Owner's Email (Voluntary)
FL DL/ID or FEID/Suffix Number Q620-475-50-501-0	Co-Owner's/Lessee's Mailing Address 819 301 BLVD W	City BRADENTON	State FL Zip Code 34205-7906
Co-Owner's/Lessee's Residential Street Address 819 301 BLVD W		City BRADENTON	State FL Zip Code 34205-7906
Section 2: VESSEL DESCRIPTION			
Hull (Vessel) Identification Number (HIN) 6. HULLNUMBER		<input type="checkbox"/> HIN is needed (Vessel does not have a HIN)	Florida Title Number 12345678
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. ft. in.
<input type="checkbox"/> I certify the vessel listed above has previously been branded as a damaged hull.		State of brand assignment (if known)	
<input type="checkbox"/> I certify the vessel listed above has previously been branded as: Specify:			
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 <input type="checkbox"/> Other: (Specify)		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: (Specify)	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: (Specify)
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: (Specify)		Fuel <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other: (Specify)	
Primary Operation <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Charter Fishing <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Exempt <input type="checkbox"/> Recreational Rent or Lease <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Passenger Carrying <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Government <input type="checkbox"/> Commercial Other: <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Dealer/Manuf. Demonstration <input checked="" type="checkbox"/> 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) <input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-state. <input type="checkbox"/> 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
Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION			
<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 or <input type="checkbox"/> Copy of Canceled Documentation Papers/Record is attached			

Title Application Instructions (HSMV 82040 VS)



APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Section 5: Lienholder Information (If Applicable)

11. If your boat currently has a lien, please provide the lienholder's name and credentials otherwise leave blank

Section 7: Transfer Type

12. Select how you acquired the boat (if by sale, enter in dollar amount) and the date

Section 8: Dealer Sales Tax Report and Vessel Trade-in Information (If Applicable)

13. This section will be completed when purchasing the boat from a dealer

Section 9: Sales Tax Exceptions Certifications (If Applicable)

14. If sales tax was not collected, the reason must be indicated here. This includes tax exemption, rentals and resale.

Section 10: Repossession Declaration

15. If acquiring the boat via repossession, check the box

Section 11: Non-Use and Other Certifications

16. If any of the conditions apply, check the appropriate box or explain

Section 12: Application Attestment and Signatures

17. All owner(s) taking title will print, sign and date. When signing documents as Power of Attorney, the attorney-in-fact (appointed person) must print the applicants name by and then sign with POA at the end.

Section 13: Release of Spouse or Heirs Interest (If Applicable)

18. Death procedures have many variables. All heirs must sign off their interest, even if they are transferring the title into their name. Multiple pages may be used.

11.

Section 5: LIENHOLDER INFORMATION (If applicable)					
ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FEID/Suffix # 134994650 <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB		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: _____		

12.

Section 6: SECURITY INTEREST						
<input type="checkbox"/> I certify that the vessel listed above has security interests. (More than one form HSMV 82040 may be used for additional secured parties.)						
Secured Party's Name		Secured Party's Mailing Address		City	State	Zip Code

13.

Section 7: TRANSFER TYPE (If applicable)						
If ownership has transferred, how and when was the vessel acquired? <input type="checkbox"/> Inheritance <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: ____/____/____		
Section 8: DEALER SALES TAX REPORT AND VESSEL TRADE IN INFORMATION (If applicable)						
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		

14.

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)	
I certify the recreational 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	<input type="checkbox"/> Vessel will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the 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 a married couple <input type="checkbox"/> Other: _____	
<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.)	

15.

Section 10: REPOSSESSION DECLARATION
<input type="checkbox"/> I certify that this vessel was repossessed upon default in the terms of the lien instrument and is now in my possession.

16.

Section 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 vessel identified will not be operated on the waters of this state until properly registered.
<input type="checkbox"/> Other: (explain) _____

17.

Section 12: APPLICATION ATTESTMENT AND SIGNATURES		
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 Jane Q Public by <i>Mary Smith</i> POA	Date 07/01/2023

18.

Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)		
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