

(HSMV 82040 MV)

Section 1: Owner/Applicant Information

1. Select Original or Transfer and indicate Off-Highway vehicle type, if applicable.

2. Select if you want your title printed in office (\$10.00) 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: Motor Vehicle Description

6. Enter in the Vehicle Identification Number (VIN), License Plate Number (if it has one, if not, leave blank), Florida Title Number (if it has one, if not, leave blank), the make/manufacturer, year, body, color and weight.

Section 3: Brands, Usage and Type

7. Check any applicable Brands, Usage and Types. At a minimum, select "Private Use"

Section 4: Lienholder Information (If Applicable)

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

Section 5: Transfer Type

9. Select ONE option on how you acquired the Motor Vehicle and the date of sale. All information must match provided documentation. When applicable, selling price is required.

Section 6: Odometer Declaration

10. Complete this section with the Motor Vehicles current odometer reading, date read, and odometer status. All information must match all supporting documentation.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE 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

Off-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV) ☐ Recreational Off-Highway Vehicle (ROV) ☐ Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION					
Customer Number 3.		Fleet Number		Unit Number	
Owner's County of Residence MANATEE					
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					
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input checked="" 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		Sex M
Owner's Residential Street Address 819 301 BLVD W			City BRADENTON		Date of Birth 01/01/1950
Mail To Customer Name (If different from above owner)			State FL		Zip Code 34205-7906
FL DL/ID or FEID/Suffix Number			City BRADENTON		Sex FL
Mail To's Address (If different from above mailing address)			State FL		Date of Birth 34205-7906
FL DL/ID or FEID/Suffix Number			City		Sex
Mail To's Address (If different from above mailing address)			State		Date of Birth
FL DL/ID or FEID/Suffix Number			City		Sex
Mail To's Address (If different from above mailing address)			State		Date of Birth
Co-Owner Details: Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a US Citizen? <input 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 Mailing Address 819 301 BLVD W		Sex F
Co-Owner's/Lessee's Residential Street Address 819 301 BLVD W			City BRADENTON		Date of Birth 01/01/1950
FL DL/ID or FEID/Suffix Number Q620-475-50-501-0			Co-Owner's/Lessee's Mailing Address 819 301 BLVD W		State FL
Co-Owner's/Lessee's Residential Street Address 819 301 BLVD W			City BRADENTON		Zip Code 34205-7906
FL DL/ID or FEID/Suffix Number Q620-475-50-501-0			Co-Owner's/Lessee's Mailing Address 819 301 BLVD W		State FL
Co-Owner's/Lessee's Residential Street Address 819 301 BLVD W			City BRADENTON		Date of Birth 34205-7906
FL DL/ID or FEID/Suffix Number Q620-475-50-501-0			Co-Owner's/Lessee's Mailing Address 819 301 BLVD W		Sex F
Co-Owner's/Lessee's Residential Street Address 819 301 BLVD W			City BRADENTON		Date of Birth 01/01/1950
FL DL/ID or FEID/Suffix Number Q620-475-50-501-0			Co-Owner's/Lessee's Mailing Address 819 301 BLVD W		State FL
Co-Owner's/Lessee's Residential Street Address 819 301 BLVD W			City BRADENTON		Zip Code 34205-7906
FL DL/ID or FEID/Suffix Number Q620-475-50-501-0			Co-Owner's/Lessee's Mailing Address 819 301 BLVD W		State FL
Co-Owner's/Lessee's Residential Street Address 819 301 BLVD W			City BRADENTON		Date of Birth 34205-7906

Section 2: MOTOR VEHICLE DESCRIPTION									
Vehicle Identification Number (VIN) V3H1C1LENUMB3R789			Florida Title Number 12345678			License Plate Number ABC123		Previous State of Issue	
Make/Manufacturer MAKE		Model MODEL	Year 2023	Body 4D	Color RED	Length Ft. ____ In. ____	Weight 2,203	GVW	BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other			Fuel Type <input checked="" type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric						

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)										
<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car		
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab		

Section 4: LIENHOLDER INFORMATION (If applicable)							
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 motor vehicle title to the owner and sign here: _____			

9.	<p>Section 5: TRANSFER TYPE (If applicable)</p> <p>If ownership has transferred, how and when was the motor vehicle acquired?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sale (Price: \$ _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order </div> <div style="width: 45%;"> <input type="checkbox"/> Inheritance <input type="checkbox"/> Other (Specify): _____ </div> </div>	<p>Date Acquired: _____ / _____ / _____</p>
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Section 6: ODOMETER DECLARATION	
0.	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 ☐5 or ☐6-digit odometer now reads _____, _____ .xx miles. Date Read: ____ / ____ / ____
(No tenths)

I/we hereby certify that to the best of my/our knowledge the odometer reading:

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

Title Application Instructions (HSMV 82040 MV)



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

Section 7: Dealer Sales Tax Report and Motor Vehicle Trade In Information (If Applicable)

11. If purchased through a Florida Dealer, all dealer and sales tax information must match supporting documents and dealer/agent signature must be present. If a vehicle was taken in on a trade, the details would be entered here.

Section 8: Motor Vehicle Identification Number Verification

12. Complete this section for all vehicles from Out-of-State/Out-of-Country with one of the approved certifying inspectors OR provide a completed HSMV 82042. Not required when transferring ownership with a Manufacturer's Certificate/Statement of Origin. Signatures must be original.

Section 9: Sales Tax Exemption Certification (If Applicable)

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

Section 10: Repossession Declaration

14. If acquiring the Motor Vehicle via repossession, check the box.

Section 11: Non-Use and Other Certifications

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

Section 12: Application Attestment and Signatures

16. 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)

17. 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.

Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION (If applicable)				
Florida Sales Tax Registration Number		Dealer License Number		Dealer/Agent Signature
Date of Sale		Amount of Tax		
Year of Trade In	Make of Trade In	Title Number of Trade In (If known)	Vehicle Identification Number (VIN) of Trade In	
Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION				
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 Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.				
I, the undersigned, certify that I have physically inspected the above-described vehicle:				
Vehicle Identification Number (VIN)		Name Certifying Inspector	Certifying Inspector Signature	Date
Select which option best represents the certifying inspector:				<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____		
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____		
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____		
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	Signature: _____	
Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)				
The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle 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"/> Vehicle will be used exclusively for rental.		
Consumer's Certificate of Exemption Number: _____		Sales Tax Registration Number: _____		
I hereby certify that ownership of the motor vehicle 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.)				
Section 10: REPOSSESSION DECLARATION				
<input type="checkbox"/> I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.				
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 vehicle identified will not be operated on the streets and highways of this state until properly registered.				
<input type="checkbox"/> Other: (explain) _____				
Section 12: APPLICATION ATTESTMENT AND SIGNATURES				
I/We physically inspected the VIN. (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 POA</i>		Date 07/01/2023
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 motor vehicle 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 to:				
Full Name of Applicant		Signature of Applicant		Date
Full Name of Applicant		Signature of Applicant		Date