

Title Application Instructions (HSMV 82040 MH)

Section 1: Owner/Applicant Information

1. Select Original or Transfer
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). Enter the Mobile Home’s physical address and check the box if in a Rental Park that has 10 or more lots. Repeat the same steps if adding a co-owner (name, FL DL/ID number, date of birth, address).

Section 2: Mobile Home Description

6. Enter in the Vehicle Identification Number (VIN), Florida Title Number (if it has one, if not, leave blank), the make/manufacture, year, and length. If a Double or Triple wide, multiple forms will need to be completed.

Section 3: Lienholder Information (If Applicable)

7. If your Mobile Home currently has a lien, please provide the lienholder’s name and credentials otherwise leave blank

Section 4: Transfer Type

8. Select ONE option on how you acquired the Mobile Home and the date of sale. All information must match provided documentation. When applicable, selling price is required. If a Double or Triple wide, enter amount on one form and state “See Side A” on any additional forms.

Section 5: Dealer Sales Tax Report and Mobile Home Trade In Information (If Applicable)

9. 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. If a Double or Triple wide, enter Dealer Sales Tax on one form and state “See Side A” on any additional forms.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOBILE HOME TITLE

Please submit this form to your local tax collector office or license plate agency.

www.flhsmv.gov/locations

Note: All fields are required unless otherwise stated or not applicable. 2.

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|---|--|---|--|---|--|---|---|-------------------------------------|------------------------------------|
| 1. Application Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Transfer <input type="checkbox"/> Reinstate Retired Title Request to print Certificate of Title: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: In office <input type="checkbox"/> Yes: Mailed | | | | | | | | | |
| Section 1: OWNER/APPLICANT INFORMATION | | | | | | | | | |
| Customer Number 3. | | | | | 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) | | Sex M | Date of Birth 01/01/1950 |
| 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 | |
| Mobile Home Physical Street Address <input type="checkbox"/> Check if Rental Park has 10 or more lots 10705 Technology Terrace | | | | | City BRADENTON | | State FL | Zip Code 34211 | |
| Mail To Customer Name (If different from above owner) | | | | Mail To's Phone Number (Voluntary) | | Mail To's Email (Voluntary) | | Sex | Date of Birth |
| FL DL/ID or FEID/Suffix Number | | Mail To's Address (If different from above mailing address) | | | City | | State | Zip Code | |
| 5. | | | | | | | | | |
| 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 | | | | | | | | | |
| Co-Owner or 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) | | Sex F | 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 | | | 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 | |
| 6. Section 2: MOBILE HOME DESCRIPTION (More than one form HSMV 82040 may be used for VIN and Title Numbers) | | | | | | | | | |
| Vehicle Identification Number (VIN) MOB1L3H0M3 | | | | Florida Title Number 12345678 | | Previous State of Issue | | Location Code (LOC) | |
| Make/Manufacturer MAKE | | | | Year 2024 | | Body | | Length ft. in. | |
| 7. Section 3: LIENHOLDER INFORMATION (If applicable) | | | | | | | | | |
| ELT Customer <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB 64-0169065 | | | Lienholder's Phone Number (Voluntary) | | Lienholder's Email (Voluntary) | | |
| Date of Lien 07/01/2023 | | Lienholder's Mailing Address PO BOX 211269 | | | City MONTGOMERY | | State AL | Zip Code 36121 | |
| Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.) HANCOCK WHITNEY BANK | | | | | <input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the mobile home title to the owner and sign here: _____ | | | | |
| 8. Section 4: TRANSFER TYPE (If applicable) | | | | | | | | | |
| If ownership has transferred, how and when was the mobile home 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: _____/_____/_____ | |
| 9. Section 5: DEALER SALES TAX REPORT AND MOBILE HOME TRADE IN INFORMATION (If applicable) | | | | | | | | | |
| Florida Sales Tax Registration Number | | Dealer License Number | | Date of Sale | | Amount of Tax | | Dealer/Agent Signature | |
| Year of Trade In | | Make of Trade In | | Title Number of Trade In (If known) | | Vehicle Identification Number (VIN) of Trade In | | | |

Title Application Instructions (HSMV 82040 MH)



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOBILE HOME TITLE

Section 6: Sales Tax Exemption Certification (*If Applicable*)

10. If sales tax was not collected, the reason must be indicated here. This includes tax exemption, rentals and resale. If a Double or Triple wide, enter Sales Tax Exemption on one form and state "See Side A" on any additional forms.

Section 7: Repossession Declaration

11. If acquiring the Mobile Home via repossession, check the box.

Section 8: Non-Use and Other Certifications

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

Section 9: Application Attestment and Signatures

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

Section 10: Release of Spouse or Heirs Interest (*If Applicable*)

14. 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.

10.

11.

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|---|--|--------------------|
| Section 6: SALES TAX EXEMPTION CERTIFICATION (<i>If applicable</i>) | | |
| I certify the mobile home described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by: | | |
| <input type="checkbox"/> Purchaser (<i>state agencies, counties, etc.</i>) holds valid exemption certificate | <input type="checkbox"/> Mobile home will be used exclusively for rental. | |
| Consumer's Certificate of Exemption Number: _____ | Sales Tax Registration Number: _____ | |
| I hereby certify that ownership of the mobile home 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 _____ | | |
| <i>(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)</i> | | |
| Section 7: REPOSSESSION DECLARATION (<i>If applicable</i>) | | |
| <input type="checkbox"/> I certify that this mobile home was repossessed upon default in the terms of the lien instrument and is now in my possession. | | |
| <input type="checkbox"/> I certify that this mobile home is vacant and does not currently have utilities turned on. | | |
| Section 8: NON-USE AND OTHER CERTIFICATIONS (<i>If applicable</i>) | | |
| 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"/> I certify that the mobile home or recreational vehicle-type unit is classified as real property and an "RP" and I have informed the property appraiser of the county wherein the mobile home or recreational vehicle-type unit is to be located of the intended site of the mobile home or recreational vehicle-type unit. | | |
| <input type="checkbox"/> Other: (<i>Explain</i>) _____ | | |
| Section 9: 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 <i>by Mary Smith POA</i> | Signature of Applicant, Co-Owner <i>Jane Q Public by Mary Smith POA</i> | Date 07/01/2023 |
| Section 10: RELEASE OF SPOUSE OR HEIRS INTEREST (<i>If applicable</i>) | | |
| The undersigned person(s) state(s) that _____ died on _____. | | |
| <i>(Name of deceased)</i> <i>(Date)</i> | | |
| <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 checked="" 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 mobile home 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 mobile home to: | | |
| Full Name of Applicant | Signature of Applicant | Date |
| Full Name of Applicant | Signature of Applicant | Date |