

## **INFORMATION PACKET**

### **FLORIDA TITLE TRANSFERS**

This packet has been designed by the Seminole County Tax Collector to help expedite the process of transferring ownership of a Florida title.

Required Documents to apply for a Florida Title:

1. Florida title with the Transfer of Title by seller section completed.
  - a. Purchaser's name and address
  - b. Date of sale
  - c. Selling price
  - d. Mileage
  - e. Date of mileage
  - f. Signature of seller(s) and printed name(s). If sellers' names are joined by "and", both sellers must sign.
  - g. Purchaser's signature and printed name
2. An HSMV 82040, Application of Certificate of Title with/without Registration must be completed and signed by the purchaser(s).
3. A bill of sale is suggested and may be required.
4. Proof of Florida insurance: A Florida insurance card, policy, or binder.
5. If transferring a valid Florida license plate, submit a copy of the current Florida registration.
6. Six percent sales tax will be collected on the purchase price.
7. Registration fees are determined by the vehicle weight, applicant's date of birth, usage, and license plate type.

If you need further assistance, please contact our office at 407-665-1000.

**SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE**

[www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)

## Notice of Sale and/or Bill of Sale for a Motor Vehicle, Mobile Home, Off-Highway Vehicle or Vessel

Notice of Sale (Seller must complete sections 1 & 3). The purchaser's signature in section 3 is optional.

Bill of Sale (Seller and purchaser must complete sections 1, 2 (when applicable) & 3).

### 1. Motor Vehicle, Mobile Home, Off-Highway or Vessel Description

Year	Make/Manufacturer	Body Type	Model	Color
Certificate of Title Number		Vehicle/Vessel Identification Number		
<b>I/we do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:</b>				
Print Name(s) of Purchaser(s)				
Address		City	State	Zip Code
Date of Sale		Selling price \$		

### 2. Odometer Disclosure Statement (Required For a Motor Vehicle)

**Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.**

WE STATE THAT THIS MOTOR VEHICLE'S  5 DIGIT OR  6 DIGIT ODOMETER NOW READS    ,    .xx  
(NO TENTHS) MILES, DATE READ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:

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

**Affidavit (When applicable):**

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### 3. Certification

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

Seller's Signature	Seller's Printed Name	Date
Seller's Address	City	State      Zip Code
Co-Seller's Signature (when applicable)	Co-Seller's Printed Name (when applicable)	Date
Co-Seller's Address (when applicable)	City	State      Zip Code
Purchaser's Signature	Purchaser's Printed Name	Date
Co-Purchaser's Signature (when applicable)	Co-Purchaser's Printed name (when applicable)	Date

**\* OWNERSHIP STATUS FOR THE ABOVE DESCRIBED MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL WILL NOT CHANGE UNTIL THE PURCHASER APPLIES FOR AND IS ISSUED A CERTIFICATE OF TITLE.**

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>

**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/offices/](http://www.flhsmv.gov/offices/)

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

<b>1 OWNER / APPLICANT INFORMATION</b>												
Customer Number		Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>			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		Unit Number		Fleet Number	
					Owner <input type="checkbox"/> yes <input type="checkbox"/> no		Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no					
<input type="checkbox"/> OR <input type="checkbox"/> AND NOTE: 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: _____												
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. <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			

<b>2 MOTOR VEHICLE , MOBILE HOME OR VESSEL DESCRIPTION</b>												
Vehicle/Vessel Identification Number				Make/Manufacturer		Year	Body	Color	Florida Title Number			
Previous State of Issue	License Plate or Vessel Registration Number		Weight	Length Ft.	In.	BHP/CC	GVW/LOC		VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER			
<b>TYPE</b> <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat _____ Specify			<b>HULL MATERIAL</b> <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ Specify		<b>PROPULSION</b> <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ Specify			<b>FUEL</b> <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ Specify		<b>*DRAFT OF VESSEL</b> (The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats		
<b>USE OF VESSEL</b> <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								PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:				
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					

<b>3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)</b>										
<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		

<b>4 LIENHOLDER INFORMATION</b>											
<input type="checkbox"/> CHECK IF ELT CUSTOMER	<input type="checkbox"/> FEID #	<input type="checkbox"/> DL # and Sex and Date of Birth		<input type="checkbox"/> DMV Account #	Date of Lien		Lienholder's Name				
Lienholder's Email Address			Lienholder's Address			City		State	Zip		
<input type="checkbox"/> 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) (Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder.											

<b>5 TRANSFER TYPE</b>										
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 ____/____/____			

<b>6 ODOMETER DECLARATION</b>									
<b>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.</b>									
I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .XX (NO TENTHS) MILES, DATE READ ____/____/____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:									
<input 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.			

<b>7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)</b>									
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			

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					Owner <input type="checkbox"/> yes <input type="checkbox"/> no		Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no					
<input type="checkbox"/> OR <input type="checkbox"/> AND NOTE: 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: _____												
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			
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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. <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 #				
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YEAR OF TRADE IN		MAKE OF TRADE IN		TITLE NUMBER OF TRADE IN (IF KNOWN)		VEHICLE IDENTIFICATION NUMBER OF TRADE IN			