

## STATE OF FLORIDA

## DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – DIVISION OF MOTORIST SERVICES

## SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

[www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)**POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL**

(Date)

I/We hereby name and appoint, \_\_\_\_\_, to be my/our  
(Full Legibly Printed Name is Required)

lawful attorney-in-fact, to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

**CHECK ONE:**☐ **Motor Vehicle**☐ **Mobile Home**☐ **Vessel**

|                                      |                   |           |              |
|--------------------------------------|-------------------|-----------|--------------|
| Year                                 | Make/Manufacturer | Body Type | Title Number |
| Vehicle/Vessel Identification Number |                   |           |              |

**NOTICE TO OWNER(S): COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING.**

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

(Signature of **Owner** "Grantor")(Legibly Printed Name of **Owner** "Grantor")(Driver License, Identification Card or FEID Number for **Owner**)(Date of Birth for **Owner**, if applicable)

(Owner's Address)

(City)

(State)

(Zip)

(Signature of **Co-Owner** "Grantor," if applicable)(Legibly Printed Name of **Co-Owner** "Grantor," if applicable)(Driver License, Identification Card or FEID Number for **Co-Owner**)(Date of Birth for **Co-Owner**, if applicable)

(Co-Owner's Address)

(City)

(State)

(Zip)

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the **buyer only** or the **seller only**. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (a) the title is physically being held by the lienholder; **or**
- (b) the title is lost.

**NOTE:** A licensed dealer and his/her employees are considered a single entity.

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