

# ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership of a vehicle. Failure to complete an odometer disclosure statement or providing a false statement may result in fines and/or imprisonment.

I, \_\_\_\_\_ state that the odometer (of the vehicle described below) now reads \_\_\_\_\_ (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

☐ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ (2) I hereby certify that the odometer reading is NOT the actual mileage.

WARNING - ODOMETER DISCREPANCY.

## VEHICLE IDENTIFICATION

MAKE	BODY TYPE	MODEL
VEHICLE ID NUMBER		STOCK NUMBER
COLOR	TRIM	YEAR

## TRANSFEROR'S (SELLER) INFORMATION

TRANSFEROR'S PRINTED NAME (SELLER) Sandy Sansing		
TRANSFEROR'S STREET ADDRESS 1 Broadway		
CITY Pensacola	STATE FL	ZIP CODE 32505

<b>AUTHORIZED SIGNATURE</b> →	TRANSFEROR'S SIGNATURE (SELLER) X <i>Sandy Sansing</i>
DATE STATEMENT SIGNED	PRINTED NAME OF PERSON SIGNING X

## TRANSFeree'S (BUYER) INFORMATION

TRANSFeree'S PRINTED NAME (BUYER) John Doe		
TRANSFeree'S STREET ADDRESS 123 Main Street		
CITY Pensacola	STATE FL	ZIP CODE 32505

## RECEIPT OF COPY ACKNOWLEDGED BY TRANSFeree (BUYER)

TRANSFeree'S SIGNATURE (BUYER) X <i>John Doe</i>	DATE SIGNED
PRINTED NAME OF PERSON SIGNING X	



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTOR VEHICLES  
Neil Kirkman Building - Tallahassee, 32399-0500  
MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT  
(Instructions on Reverse Side)

For use by licensed MOTOR VEHICLE DEALERS, AUCTION DEALERS and THEIR BUYERS ONLY

This reassignment is supplement to: ☐ Title No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
☐ Manufacturer's Certificate of Origin

VEHICLE DESCRIPTION

Vehicle Identification Number	Year	Make	Model	Body
3VW4T7AUXFT104601				

REASSIGNMENT INFORMATION

Name of Selling Dealer (Print)		Dealer License Number		State of License
Street Address		City	State	Zip Code
Sales Tax Collected	Sales Tax Reg. No. (Sales Tax Information is not required on dealer to dealer transactions)			
\$				
Buyer's Name(s)				Date of Sale
Buyer's Address		City	State	Zip Code
Auction Name (If applicable)		Auction License Number	State of License	Date of Auction
Street Address		City	State	Zip Code

ODOMETER DISCLOSURE STATEMENT

**WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.**

I STATE THAT THIS MOTOR VEHICLE'S ☐ 5 DIGIT OR ☐ 6 DIGIT ODOMETER NOW READS  (NO TENTHS) MILES, DATE READ \_\_/\_\_/\_\_, AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE **ACTUAL MILEAGE** OF THE VEHICLE DESCRIBED IN THIS DOCUMENT, UNLESS ONE OF THE FOLLOWING IS CHECKED.

CAUTION:  
DO NOT CHECK  
IF MILEAGE  
IS ACTUAL

- ☐ 1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE **IN EXCESS OF ITS MECHANICAL LIMITS**
- ☐ 2. I HEREBY CERTIFY THAT THE ODOMETER READING IS **NOT THE ACTUAL MILEAGE.**  
**WARNING - ODOMETER DISCREPANCY**

**SELLER AFFIRMS, UNDER PENALTY OF PERJURY, THAT THE ABOVE  
FACTS ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE**

Dealer's Agent Printed Name (Selling Dealer)		Dealer's Agent Signature	
<i>Larry Sawyer</i>		<i>John Doe</i>	
Buyer's Signature (1) Acknowledges Receipt of Statement		Buyer's Signature (2) Acknowledges Receipt of Statement	
<i>John Doe</i>			
Buyer's Printed Name (1) First, Full Middle or Maiden, Last		Buyer's Printed Name (2) First, Full Middle or Maiden, Last	
Street Address		City	State Zip Code

**NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS RE-ASSIGNMENT AND ALL RE-ASSIGNMENTS THAT FOLLOW.**

FILE: - ORIGINAL WITH TITLE OR MANUFACTURER'S CERTIFICATE OF ORIGIN

COPY: DEALER RECORD

HSMV 82994 (REV. 01/03) S



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTOR VEHICLES  
NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0610

APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

APPLICATION TYPE: ☐ ORIGINAL ☐ TRANSFER VEHICLE TYPE: ☐ OFF-HIGHWAY VEHICLE ☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL

OWNER/APPLICANT INFORMATION			
Customer Number	Owner 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	Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	Unit Number Fleet Number
<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 Owner's County of Residence:			
Owner's Name As It Appears on Driver License (First Name, Full Middle/Maiden Name, Last Name)	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Co-Owner's Name As It Appears on Driver License (First Name, Full Middle/Maiden Name, Last Name)	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Lessee's First Name, Full Middle/Maiden Name, Last Name	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Owner's Mailing Address(Mandatory)	City	State	Zip
Co-Owner's or Lessee's Mailing Address (Mandatory)	City	State	Zip
Owner's or Lessee's Physical Street Address in Florida (Mandatory)	City	State	Zip
Physical Address of Mobile Home (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)	Date of Birth	Sex	FL Driver License or FEID/Suffix Number
Mail To Customer Address (If different From Above Mailing Address)	City	State	Zip

MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION			
Vehicle/Vessel Identification Number f123456789qwerty	Make/Manufacturer	Year	Body
Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length Ft. In.
TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Inflatable		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other Specify	
PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other Specify		FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other Specify	
USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Exempt <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Hire (Livory) <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Government <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Commercial Other <input type="checkbox"/> Commercial Oyster		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	

BRANDS, USAGE AND TYPE (Check Applicable Boxes)			
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> REPLICA	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT
		<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB
		<input type="checkbox"/> MANUFACTURER'S BUY BACK	<input type="checkbox"/> FLOOD VEHICLE
			<input type="checkbox"/> ILEV VEHICLE
			<input type="checkbox"/> ELECTRIC VEHICLE

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

TRANSFER TYPE	
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?	DATE ACQUIRED
<input type="checkbox"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER <input type="checkbox"/> OTHER (SPECIFY)	

ODOMETER DECLARATION	
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 STATE THAT THIS MOTOR VEHICLE'S <input type="checkbox"/> 5 DIGIT OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 7 <input type="checkbox"/> .XX (NO TENTHS) MILES, DATE READ <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT, UNLESS ONE OF THE FOLLOWING IS CHECKED:	
CAUTION: DO NOT CHECK <input type="checkbox"/> 1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.	
IF ACTUAL MILEAGE <input type="checkbox"/> 2. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY	

DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)			
FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX
YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTOR VEHICLES  
Neil Kirkman Building - Tallahassee, FL 32399

**NOTIFICATION OF TRANSFER OF REGISTRATION LICENSE PLATE**

In compliance with section 320.0609(2), Florida Statutes, I hereby certify that the following motor vehicle has been sold, traded, transferred or otherwise disposed of:

Year \_\_\_\_\_ Make \_\_\_\_\_ Type \_\_\_\_\_ Weight or Length \_\_\_\_\_  
Identification Number \_\_\_\_\_ Color \_\_\_\_\_

As the registered owner of Florida License Plate Number \_\_\_\_\_ Decal Number \_\_\_\_\_

which expires on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, I authorize the following dealer:  
(Mo.) (Day) (Yr.)

\_\_\_\_\_  
(Dealer)

\_\_\_\_\_  
(Dealer's Address)

to properly transfer my license plate to the replacement vehicle described below:

Year \_\_\_\_\_ Make \_\_\_\_\_ Type \_\_\_\_\_ Weight or Length \_\_\_\_\_  
Identification Number \_\_\_\_\_ Color \_\_\_\_\_

\_\_\_\_\_  
Print Name of Owner(s) Signature of Owner(s)

\_\_\_\_\_  
(Owner's Address)

**DEALER'S CERTIFICATION**

As a motor vehicle dealer licensed in Florida, I hereby certify that the above Notification of Transfer of Registration License Plate correctly describes the transaction involving the transfer of the above described motor vehicle and license plate number: \_\_\_\_\_.

This license plate has been removed from the original vehicle, assigned and attached to the replacement vehicle in compliance with section 320.0609(2), Florida Statutes. I also certify that on behalf of my customer, I will process the necessary documents through a local county license plate agency in order to obtain the transfer registration certificate, which will be delivered to my customer within 30 days as stated in section 320.0605, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Dealer Andy Sney Authorized Agent Andy Sney

Dealer's License Number \_\_\_\_\_ Date of Sale \_\_\_\_\_