

# 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, Sandy Sansing state that the odometer (of the vehicle described below) now reads 98000 (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) <b>X</b> <i>Sandy Sansing</i>	
DATE STATEMENT SIGNED	PRINTED NAME OF PERSON SIGNING <b>X</b> Sandy Sansing	

## 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 <b>X</b> <i>John Doe</i>	DATE SIGNED
PRINTED NAME OF PERSON SIGNING <b>X</b> John Doe	



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
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**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) <i>Larry Sawyer</i>		Dealer's Agent Signature <i>John Doe</i>	
Buyer's Signature (1) Acknowledges Receipt of Statement <i>John Doe</i>		Buyer's Signature (2) Acknowledges Receipt of Statement	
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 Fl. in.
		BHP/CC	GVW/LOC
			VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER
<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Inflatable	TYPE <input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Airboat <input type="checkbox"/> Sailboat Specify	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
<input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Exempt	<input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Canoe <input type="checkbox"/> Other Specify	USE OF VESSEL <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	FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other Specify
Text <input type="checkbox"/> Government <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Other <input type="checkbox"/> Commercial Oyster			*DRAFT OF VESSEL (The depth of water a vessel draws) FT. IN. *For all vessels 25' or more in length and all sailboats
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"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> LONG TERM LEASE <input type="checkbox"/> REPLICA	<input type="checkbox"/> REBUILT <input type="checkbox"/> KIT CAR	<input type="checkbox"/> POLICE VEHICLE <input type="checkbox"/> GLIDER KIT
		<input type="checkbox"/> PRIVATE USE <input type="checkbox"/> MANUFACTURER'S BUY BACK	<input type="checkbox"/> TAXI CAB <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="text" value="98000"/> (XX NO TENTHS) MILES, DATE READ <input type="text" value="11/11"/> 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



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 DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be:

DATE \_\_\_\_\_ SIGNATURE Sandy Sansing (Vehicle Identification Number) \_\_\_\_\_ PRINTED NAME Sandy Sansing

Law Enforcement Officer or Florida Dealer's Name \_\_\_\_\_ Badge # or Florida Dealer # \_\_\_\_\_ Notary Stamp or Seal \_\_\_\_\_

FL DMV/Tax Collector Employee \_\_\_\_\_ Florida Compliance Examiner/Inspector Badge or ID Number \_\_\_\_\_

COMMISSIONED NAME OF FLORIDA NOTARY: \_\_\_\_\_ (Print, Type or Stamp) NOTARY'S SIGNATURE \_\_\_\_\_

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

☐ PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER \_\_\_\_\_  
☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL SALES TAX REGISTRATION NUMBER \_\_\_\_\_

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: ☐ INHERITANCE ☐ GIFT

☐ DIVORCE DECREE ☐ TRANSFER BETWEEN HUSBAND AND WIFE ☐ 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, below under "Other: Explain.")

☐ OTHER: (EXPLAIN) \_\_\_\_\_

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

- ☐ I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.  
☐ (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.  
☐ I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).  
☐ I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

- ☐ I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.  
☐ THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.  
☐ THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.  
☐ OTHER: (EXPLAIN) \_\_\_\_\_

12 APPLICATION ATTESTMENT AND SIGNATURES

I/WE PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (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.

SIGNATURE OF APPLICANT (OWNER) John Doe Date \_\_\_\_\_ SIGNATURE OF APPLICANT (CO-OWNER) \_\_\_\_\_ Date \_\_\_\_\_

13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state(s) as follows: That \_\_\_\_\_ (Name of Deceased) died on \_\_\_\_\_ (Date)

- ☐ testate (with a will) ☐ Intestate (without a will) and left the surviving beneficiaries named below.  
☐ When applicable, the heirs (named below) certify that the certificate of title is lost or destroyed.

Signature(s) of surviving spouse, co-owner and/or heirs. (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.

Print or Type Name of Spouse, Co-owner or Heir(s) \_\_\_\_\_ Signature of Spouse, Co-Owner or Heir(s) \_\_\_\_\_

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. That the estate is not indebted and the assets of the estate, excluding this motor vehicle, mobile home or vessel are sufficient to pay all just claims and that no probate proceedings have been instituted upon the estate. That the person(s) signing above hereby releases all their right, title, interest and claim as heirs at law, legatees, devisee, or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

John Doe  
 Name of Applicant(s) (Print or Type) \_\_\_\_\_

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.



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 \_\_\_\_\_

John Doe \_\_\_\_\_  
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 \_\_\_\_\_

will be binding on **Seller** or **Broker** unless included in this Agreement. Electronic signatures are acceptable and will be binding. Signatures, initials, and modifications communicated by facsimile will be considered as originals. The term "buyer" as used in this Agreement includes buyers, tenants, exchangors, optionees, and other categories of potential or actual transferees.

**14. Additional Terms:**

Seller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Seller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized Sales Associate or Broker: \_\_\_\_\_ Date: \_\_\_\_\_

Brokerage Firm Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Copy returned to **Seller** on \_\_\_\_\_ by ☐ email ☐ facsimile ☐ mail ☐ personal delivery.

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Seller (\_\_\_\_\_) and Broker/Sales Associate (\_\_\_\_\_) acknowledge receipt of a copy of this page, which is Page 4 of 4.