

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

AUTHORIZED SIGNATURE →	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
-------------------------------	------	------	-------	------

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

1			
Customer Number		Unit Number	
Fleet Number			
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	
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	
<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
Co-Owner's Name As It Appears on Driver License (First Name, Full Middle/Maiden Name, Last Name)		Date of Birth	Sex
Lessee's First Name, Full Middle/Maiden Name, Last Name		Date of Birth	Sex
Owner's Mailing Address (Mandatory)		City	State
Co-Owner's or Lessee's Mailing Address (Mandatory)		City	State
Owner's or Lessee's Physical Street Address in Florida (Mandatory)		City	State
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
Mail To Customer Name (If different From Above Owner)		Date of Birth	Sex
Mail To Customer Address (If different From Above Mailing Address)		City	State

2			
Vehicle/Vessel Identification Number		Make/Manufacturer	
f123456789qwerty		Year	
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	
TYPE		HULL MATERIAL	
<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Inflatable		<input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other Specify	
<input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Canoe <input type="checkbox"/> Other Specify		<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel	
PROPULSION		FUEL	
<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other Specify		<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other Specify	
USE OF VESSEL		DRAFT 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		(The depth of water a vessel draws) FT. IN. For all vessels 25' or more in length and all sailboats	
<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		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	

3			
BRANDS, USAGE AND TYPE (Check Applicable Boxes)			
<input type="checkbox"/> SHORT TERM LEASE <input type="checkbox"/> LONG TERM LEASE <input type="checkbox"/> ASSEMBLED FROM PARTS <input type="checkbox"/> REBUILD <input type="checkbox"/> REPLICA		<input type="checkbox"/> POLICE VEHICLE <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> TAXI CAB <input type="checkbox"/> FLOOD VEHICLE <input type="checkbox"/> ILEV VEHICLE <input type="checkbox"/> GLIDER KIT <input type="checkbox"/> MANUFACTURER'S BUY BACK <input type="checkbox"/> ELECTRIC VEHICLE	
4			
CHECK IF <input type="checkbox"/> 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 Address		Lienholder's Name	
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)			

5			
TRANSFER TYPE			
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	

6			
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			

7			
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		VEHICLE IDENTIFICATION NUMBER OF TRADE IN	
MAKE OF TRADE IN		TITLE NUMBER OF TRADE IN (IF KNOWN)	

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:

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 _____

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 _____