STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES

Neil Kirkman Building - Tallahassee, FL 32399-0500

MOTOR VEHICLE TITLE REASSIGNMENT SUPPLEMENT

(Instructions on Reverse Side) This reassignment is supplement to: Title No.:_ _ State of Issue: Manufacturer's Statement or Certificate of Origin Is the title electronic? Yes No VEHICLE DESCRIPTION Vehicle Identification Number Make Year Model Body REASSIGNMENT INFORMATION DL/ID#, DMS ACCT#, FEID# DEALER/AUCTION LICENSE (if applicable) Name of Seller(s)/Agent (Print) Street Address City State Zip

Sales Tax Collected (If Applicable)

City

City

Sales Tax Reg. No. (If Applicable)

Zip

Zip

Date of Sale

State

State

Auction Name (If applicable) Date of Auction Auction License Number State of License Street Address City State Zip 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/WE STATE THAT THIS 5 OR 6 DIGIT ODOMETER NOW READS, XX (NO TENTHS) MILES. . AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING. DATE READ / CAUTION: ☐ 1. REFLECTS ACTUAL MILEAGE READ CAREFULLY ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS BEFORE YOU ☐ 3. IS NOT THE ACTUAL MILEAGE. WARNING – ODOMETER DISCREPANCY CHECK A BOX UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING

Printed Name of Co-seller (If applicable)

Co-Seller Signature (If applicable)

Purchaser(s) Signature

Co-Purchaser(s) Signature

Purchaser(s) Printed Name First, Full Middle or Maiden, Last

Co-Purchaser(s) Printed Name First, Full Middle or Maiden, Last

DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Seller(s)/Agent Signature

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

ORIGINAL: SUBMIT WITH APPLICATION FOR TITLE COPY: SELLER/DEALER RETAIN IN FILE

HSMV 82994 (REV. 04/14) S

Printed Name of seller(s)/Agent

Selling Price (If Applicable)

Purchaser's Address

Purchaser and Co-Purchaser's Printed Name(s)

Co-Purchaser's Address (If applicable)

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(Instructions on Reverse Side)

J 11 🔛	e No.:			
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Vehicle Identification Number	Year	Make	Model	Body
	REASSIGNMENT INI	FORMATION		
Name of Seller(s)/Agent (Print)	DL/ID#, DMS ACCT#, FEID# DEALER/AUCTION LICENSE (if applicable)			
Street Address	City	State		Zip
Selling Price (If Applicable)	Sales Tax Collected (Sales Tax Collected (If Applicable) Sales Tax		eg. No. (If Applicable)
Purchaser and Co-Purchaser's Printed Name(s)				Date of Sale
Purchaser's Address	City	Stat	e	Zip
Co-Purchaser's Address (If applicable)	City	Stat	e	Zip
Auction Name (If applicable)	Auction License No	Auction License Number State of Li		Date of Auction
Street Address	City	Stat	e	Zip
	ODOMETER DISCLOSU	JRE STATEMENT		
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Printed name of Co-Seller (If applicable)	Co-Seller Signature (If applicable)			
Purchaser(s) Signature	Co-Purchaser(s) Signature			
Purchaser(s) Printed Name First, Full Middle of	r Maiden, Last	Co-Purchaser(s) Printed I	Name First, Ful	ll Middle or Maiden, Last

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