



DEAL SUMMARY



GENERATED BY CHASE CAUDLE ON 5/22/2025

Dealership	GATOR OF PALM BAY	Deal #/Status	104199 / Quote		
Deal Type	FINANCE	Deal Date	5/22/2025	Registration Fee	4.60
Transaction	Transfer	DLR Code / Log #	23923422 / 69613862	Title Fee	77.75
Transfer Plate #	82JNR	Reg Expiration	2/27/2026	Total Fee	82.35
Issued Plate #	82JNR ESR	Replace Plate	NO		
Created By:	CHASE CAUDLE				

VEHICLE

VIN	3VWD07AJ5FM330138	Stock #	1649A
Year	2015	New/Used	Used
Make	VOLK	Model	JETTA SEDAN
Color	ALUMINUM / SILVER	Vehicle Use	PRIVATE
Body	4 DOOR	Registration Use	PRIVATE
Net Weight	3049	GVW	0
Odometer	104591	Odometer Reading Date	5/22/2025
Title #	119045492	Tax Amount	619.33

TRADE(S)

VIN	KNDJT2A61C7481687	Year Make Model	2012 KIA SOUL
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CUSTOMER 1

Customer Type	Individual	Date of Birth	2/27/1973
Dms Customer #		DMV Customer #	230957428
Name	ELIZABETH ANN ALMARIO BOYLE	Driver License #	A230957428000
Residential Address	2424 METFIELD DR APT 2317 MELBOURNE FL 32940	Mailing Address	2424 METFIELD DR # 2317 MELBOURNE FL 32940

CUSTOMER 2

Customer Type	Individual	Date of Birth	4/8/1998
Dms Customer #		DMV Customer #	
Name	STEPHANIE BURGOS ALMARIO	Driver License #	
Residential Address	2424 METFIELD DR # 2317 MELBOURNE FL 32940	Mailing Address	2424 METFIELD DR # 2317 MELBOURNE FL 32940

LESSOR

None

LIENHOLDER(S)

Name	CAPITAL ONE AUTO FINANCE	Cust #/FEID #	208200518 / 752163778 - 73
Address 1	PO BOX 660068	Lien Date	5/22/2025
City, State Zip	SACRAMENTO CA 95866		

INSURANCE

None



APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Please submit this form to your local tax collector office or license plate agency.

www.flhsmv.gov/locations

Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☐ Original ☐ TransferRequest to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: MailedOff-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV)☐ Recreational Off-Highway Vehicle (ROV)☐ Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number	Fleet Number	Unit Number	Owner's County of Residence				
Owner Details:		Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")			Select, 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 Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Owner's Phone Number (Voluntary)	Owner's Email (Voluntary)		Sex	Date of Birth	
FL DL/ID or FEID/Suffix Number	Owner's Mailing Address		City		State	Zip Code	
Owner's Residential Street Address			City		State	Zip Code	
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)		Sex	Date of Birth	
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)		City		State	Zip Code	
Co-Owner Details:		Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's Phone Number (Voluntary)	Co-Owner's Email (Voluntary)		Sex	Date of Birth	
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address		City		State	Zip Code	
Co-Owner's/Lessee's Residential Street Address			City		State	Zip Code	

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN)		Florida Title Number		License Plate Number		Previous State of Issue		
Make/Manufacturer	Model	Year	Body	Color	Length Ft. ____ In ____	Weight	GVW	BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other	Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric							

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab

Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB	Lienholder's Phone Number (Voluntary)		Lienholder's Email (Voluntary)	
Date of Lien	Lienholder's Mailing Address	City		State	Zip Code
Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.)		<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the motor vehicle title to the owner and sign here: _____			

Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle acquired? <input type="checkbox"/> Sale (Price: \$ _____ . ____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____	Date Acquired: _____ / _____ / _____
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Section 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/we state that this ☐ 5 or ☐ 6-digit odometer now reads _____ , _____ .xx miles.
(No tenths)

Date Read: _____ / _____ / _____.

I/we hereby certify that to the best of my/our knowledge the odometer reading:

☐ 1. REFLECTS ACTUAL MILEAGE.☐ 2. IS NOT THE ACTUAL MILEAGE.☐ 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION (If applicable)					
Florida Sales Tax Registration Number		Dealer License Number	Date of Sale	Amount of Tax	Dealer/Agent Signature
Year of Trade In	Make of Trade In	Title Number of Trade In (If known)		Vehicle Identification Number (VIN) of Trade In	

Section 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 Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.				
I, the undersigned, certify that I have physically inspected the above-described vehicle:				
Vehicle Identification Number (VIN)		Name Certifying Inspector	Certifying Inspector Signature	Date
Select which option best represents the certifying inspector:				<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	Signature: _____	
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____		
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____		
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____		

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)	
The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:	
<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the motor vehicle described on this application, is not subject to Florida Sales and Use Tax for the following reason:	
<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Transfer between a married couple <input type="checkbox"/> Other: _____	
<input type="checkbox"/> 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.)	

Section 10: REPOSSESSION DECLARATION
<input type="checkbox"/> I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.

Section 11: NON-USE AND OTHER CERTIFICATIONS
If checked, the following certifications are made by the applicant:
<input type="checkbox"/> I certify that the certificate of title is lost or destroyed.
<input type="checkbox"/> The vehicle identified will not be operated on the streets and highways of this state until properly registered.
<input type="checkbox"/> Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES		
I/We physically inspected the VIN. (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.		
Full Name of Applicant, Owner	Signature of Applicant, Owner	Date
Full Name of Applicant, Co-Owner	Signature of Applicant, Co-Owner	Date

Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)		
The undersigned person(s) state(s) that _____ died on _____. (Name of deceased) (Date)		
<input type="checkbox"/> Testate (with a will) <input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below.		
<input type="checkbox"/> When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.		
Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. (More than one form HSMV 82040 may be used for additional signatures.)		
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
That at the time of death the decedent was owner of the motor vehicle described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle to:		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date

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/

Customer #
Deal #
Stock #

SEPARATE ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT

VEHICLE DESCRIPTION					
Vehicle Identification Number	Year	Make	Color	Body	Title Number

ODOMETER DISCLOSURE STATEMENT

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 and/or imprisonment.

WE STATE THAT THIS ☐ 5 or ☐ 6 DIGIT ODOMETER NOW READS _____, _____ .XX (NO TENTHS) MILES,
DATE READ ____/____/_____, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE
ODOMETER READING:

- CAUTION:**
Read carefully before checking a box.
- ☐ 1. REFLECTS ACTUAL MILEAGE.
- ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS.(EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS)
- ☐ 3. IS NOT THE ACTUAL MILEAGE. **WARNING – ODOMETER DISCREPANCY**

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

Seller's Signature		Seller's Printed Name	
Seller's Street Address			
City		State	Zip

Buyer's Signature		Buyer's Printed Name	
Buyer's Street Address			
City		State	Zip

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON WHO IS BUYING OR SELLING A MOTOR VEHICLE AND WHO MUST MAKE OR ACKNOWLEDGE AN ODOMETER DISCLOSURE, IN ORDER TO COMPLY WITH STATE OR FEDERAL ODOMETER DISCLOSURE LAW.

WHEN SHOULD THIS FORM BE USED?

1. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN SOLD.
2. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN PURCHASED.
3. WHEN AN ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT BETWEEN THE BUYER AND THE SELLER IS REQUIRED, BUT NO ODOMETER DISCLOSURE STATEMENT HAS BEEN MADE ON ANOTHER STATE OR FEDERAL FORM.

WHEN SHOULD THIS FORM NOT BE USED?

1. WHEN A FLORIDA TITLE WHICH WAS ISSUED ON OR AFTER APRIL 29, 1990 IS AVAILABLE.
2. WHEN A FORM HSMV 82994, MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT, HAS BEEN USED.
3. WHEN A FORM HSMV 82995, MOTOR VEHICLE DEALER POWER OF ATTORNEY/ODOMETER DISCLOSURE, HAS BEEN USED.
4. WHEN AN OUT-OF-STATE TITLE, WHICH CONFORMS TO FEDERAL LAW, IS USED TO TRANSFER A MOTOR VEHICLE.

FILING:

1. COPIES SHOULD BE EXCHANGED BETWEEN THE SELLER AND THE BUYER. DEALERS MUST RETAIN THIS DOCUMENT IN THEIR RECORDS FOR A PERIOD OF FIVE YEARS.
2. IT IS NOT NECESSARY TO FILE THIS FORM OR ANY COPY OF THIS FORM WITH THE STATE OF FLORIDA, UNLESS REQUESTED TO DO SO BY THE DIVISION OF MOTORIST SERVICES.

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

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
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DATE READ ____/____/_____, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE
ODOMETER READING:

- CAUTION:**
Read carefully before
checking a box.

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

Seller's Signature		Seller's Printed Name	
Seller's Street Address			
City		State	Zip

Buyer's Signature		Buyer's Printed Name	
Buyer's Street Address			
City		State	Zip

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

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

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME, VESSEL or VESSEL with TRAILER

Please submit this form to your local tax collector office or license plate agent.

<http://www.flhsmv.gov/locations/>

As of today, ___/___/___, I/we hereby name and appoint, _____,
(Full Legibly Printed Name is Required)

to be my/our 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, vessel, or vessel with a trailer 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 or 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.

Please check only one of the following options:

☐ Motor Vehicle ☐ Mobile Home ☐ Vessel ☐ **Vessel with an Untitled Trailer**
(Trailers less than 2,000 pounds) ☐ **Vessel with a Titled Trailer**
(Trailers 2,000 pounds or more)

Year	Make/Manufacturer	Body Type	Title Number	Vehicle Identification Number (VIN)/ Hull Identification Number (HIN)

NOTICE TO OWNER(S): Please 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.

Legibly Printed Name of Owner ("Grantor")		Signature of Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Owner		Date of Birth of Owner, if applicable	
Owner's Address	City	State	Zip Code
Legibly Printed Name of Co-Owner ("Grantor"), if applicable		Signature of Co-Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Co-Owner		Date of Birth of Co-Owner, if applicable	
Co-Owner's Address	City	State	Zip Code

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.

A licensed dealer and his/her employees are considered a single entity. The Owner and/or Co-owner must be the same for ALL vehicles, mobile homes, vessels, or vessels with a trailer listed above.

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME, VESSEL or VESSEL with TRAILER

Please submit this form to your local tax collector office or license plate agent.

<http://www.flhsmv.gov/locations/>

As of today, ___/___/___, I/we hereby name and appoint, _____,
(Full Legibly Printed Name is Required)

to be my/our 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, vessel, or vessel with a trailer 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 or 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.

Please check only one of the following options:

☐ Motor Vehicle ☐ Mobile Home ☐ Vessel ☐ **Vessel with an Untitled Trailer**
(Trailers less than 2,000 pounds) ☐ **Vessel with a Titled Trailer**
(Trailers 2,000 pounds or more)

Year	Make/Manufacturer	Body Type	Title Number	Vehicle Identification Number (VIN)/ Hull Identification Number (HIN)

NOTICE TO OWNER(S): Please 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.

Legibly Printed Name of Owner ("Grantor")		Signature of Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Owner		Date of Birth of Owner, if applicable	
Owner's Address	City	State	Zip Code
Legibly Printed Name of Co-Owner ("Grantor"), if applicable		Signature of Co-Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Co-Owner		Date of Birth of Co-Owner, if applicable	
Co-Owner's Address	City	State	Zip Code

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.

A licensed dealer and his/her employees are considered a single entity. The Owner and/or Co-owner must be the same for ALL vehicles, mobile homes, vessels, or vessels with a trailer listed above.

Vehicle Air Pollution Control Statement

Florida Law prohibits the operation, sale, lease, or transfer of title of any automobile or light-duty truck (1975 or newer, 10,000 pounds gross vehicle weight or less) that has been tampered with. "Tampering" means the dismantling, removal, or rendering ineffective of any air pollution control device or system which has been installed on the vehicle by the vehicle manufacturer except to replace such device or system with a device or system equivalent in design and function to the part that was originally installed on the motor vehicle (316.2935, Florida Statutes).

As a motor vehicle dealer licensed to conduct business in the State of Florida, I hereby certify that the following air pollution emission control devices and system of this vehicle, if installed by the vehicle manufacturer or importer, have not been tampered with by me or by my agents, employees, or other representatives. I also hereby certify that I or persons under my supervision have inspected this motor vehicle and, based on said inspection, have determined that the air pollution control devices and systems listed below, if installed by the vehicle manufacturer or importer, are in place and appear properly connected and undamaged as determined by visual observation.

This certification shall not be deemed or construed as a warranty that any air pollution control device or system of the vehicle is in functional condition, nor does the execution or delivery of this certification create by itself grounds for a cause of action between the parties to this transaction.

MAKE:	MODEL:	BODY TYPE:
VIN:	YEAR:	

Transferor's (Seller's) Signature: _____

Transferor's (Seller's) Printed Name: _____

Transferor's (Seller's) Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Statement: _____

Transferee's (Buyer's) Signature: _____

Transferee's (Buyer's) Printed Name: _____

Transferee's (Buyer's) Street Address: _____

City: _____ State: _____ Zip Code: _____

1975 – 1980 Model Year:

Catalytic Converter
Fuel Inlet Restrictor
Unvented Fuel Cap

1981 or Newer Model Year

Catalytic Converter
Fuel Inlet Restrictor
Unvented Fuel Cap
Exhaust Gas Recirculation System (EGR)
Air Pump and/or Air Injection System (AIS)
Fuel Evaporative Emissions System (EVP)

Stock No.

Form approved by the Department of Environmental Protection

Vehicle Air Pollution Control Statement

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MAKE:	MODEL:	BODY TYPE:
VIN:	YEAR:	

Transferor's (Seller's) Signature: _____

Transferor's (Seller's) Printed Name: _____

Transferor's (Seller's) Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Statement: _____

Transferee's (Buyer's) Signature: _____

Transferee's (Buyer's) Printed Name: _____

Transferee's (Buyer's) Street Address: _____

City: _____ State: _____ Zip Code: _____

1975 – 1980 Model Year:

Catalytic Converter
Fuel Inlet Restrictor
Unvented Fuel Cap

1981 or Newer Model Year

Catalytic Converter
Fuel Inlet Restrictor
Unvented Fuel Cap
Exhaust Gas Recirculation System (EGR)
Air Pump and/or Air Injection System (AIS)
Fuel Evaporative Emissions System (EVP)

Stock No.

Form approved by the Department of Environmental Protection

FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I _____ certify that I have
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability

Insurance currently in effect with _____ under
(Name of Insurance Company)

_____ covering the following motor vehicle:
(Policy Number) Company Code Number (5 digits)

Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida. I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

Signature of Insured

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.



**Florida Tax Credit Scholarship Program
Motor Vehicle Sales Tax Credit
Contribution Election**

DR-HS1
R. 07/24

The Florida Tax Credit Scholarship Program (Program) provides a student the opportunity to apply for a scholarship to attend an eligible private school or personalize his or her education.

When you purchase or register a motor vehicle qualifying for the Program in Florida, you may designate \$105 per vehicle to an eligible nonprofit scholarship-funding organization participating in the Program. If the state sales tax due is less than \$105, you may designate the amount of state sales tax due. Your motor vehicle dealer, county tax collector, or private tag agent will remit your contribution to the organization and remit the remaining state sales tax and surtax to the Florida Department of Revenue.

Eligible contributions are used to fund scholarships for the Florida Tax Credit Scholarship Program.

To make your contribution to the Program, complete the following. Sign and date.

Eligible Nonprofit Scholarship-Funding Organization: Step Up for Students, Inc.		Contribution Amount (Lesser of \$105, or state sales tax due):	
Vehicle Owner's Name:			
Mailing Address:			
City:		State:	ZIP:
Vehicle Co-Owner's Name:			
Mailing Address:			
City:		State:	ZIP:
Vehicle Year:	Vehicle Manufacturer:	Vehicle Identification Number:	
Signature of Owner:			Date:
Signature of Co-Owner*:			Date:

* For vehicles purchased by more than one person, the signature of the owner and the co-owner is required when the owners' names are joined by "and" on the vehicle title or registration. When the owners' names are joined by "or" on the vehicle title or registration, the signature of one owner is required.

Motor vehicle dealers, county tax collectors, and private tag agencies: Retain this form in your records when a contribution to the Florida Tax Credit Scholarship Program is indicated on the form.

For use by motor vehicle dealer, county tax collector, or private tag agency.

CONDITIONAL DELIVERY AGREEMENT

Dated: _____

Dealer Name	Buyer Name	Co-Buyer Name

You, the undersigned Buyer and Co-Buyer (if any) agree that this Conditional Delivery Agreement forms a part of and modifies any existing purchase agreement, buyer's order, or retail installment sale contract (which we may sometimes refer to as a "Purchase Agreement") between you and the undersigned Dealer (sometimes, "we" or "us") relating to the following vehicle (the "Vehicle"):

Year	Make/Model	VIN

You wish to finance the purchase of the Vehicle, either by obtaining a loan from a lender, or financing from us pursuant to a retail installment sale contract that will be subsequently assigned to a third-party finance company. Any such lender or third-party finance company is referred to herein as a "Finance Source".

We will use good faith efforts to arrange financing for you. Any such financing arrangement is subject to credit approval by a Finance Source. Until such approval is provided by a Finance Source acceptable to you and to us, you and we agree that your possession of the Vehicle shall be subject to all terms and conditions of any Purchase Agreement, as modified by this Conditional Delivery Agreement.

You agree that if after 7 days from the date of this Conditional Delivery Agreement, we are unable to obtain approval from a Finance Source customarily used by us for the assignment of a retail installment sale contract upon terms and conditions satisfactory to us, or you are unable to obtain a loan on terms acceptable to you and in an amount sufficient to pay the purchase price of the Vehicle, then we may rescind the sale of the Vehicle (and each related Purchase Agreement) and demand a return of the Vehicle. If we elect to rescind the sale of the Vehicle to you, then we will inform you using the contact information provided above. Once so informed, you agree to promptly return the Vehicle to us at our place of business.

You agree to pay us for any damage to, destruction of, abuse of, or excessive wear and tear of the Vehicle during the period between our delivery of the Vehicle to you and its return to us. You also agree to pay us a mileage fee if the total miles the Vehicles is driven during this period exceeds 50 miles per day. For each mile exceeding this number, you agree to pay us a mileage fee of \$0.55 per mile.

You acknowledge and agree that until the Vehicle has been returned to us, you assume all risk of loss or destruction of and all risk of damage to the Vehicle and all liability for any damage or injury to people or property (including the Vehicle) from the use or operation of the Vehicle. You agree to maintain insurance on the Vehicle to cover such risks, and the insurance you provide shall be primary. In the event your purchase of the Vehicle is not completed for any reason, any sums you deposited with us in connection with the purchase may, at our option, be applied to the extent necessary to pay the cost of any necessary repairs to the Vehicle and/or to reimburse us for any and all losses, costs and/or expenses we incur in connection with your possession or use of the Vehicle, including, without limitation, mileage fees or any losses, costs and expenses resulting from excessive wear to the Vehicle.

Once you have satisfied all of your obligations set forth in this Conditional Delivery Agreement, we will return all cash and trade-in amounts you have paid to us in connection with a Purchase Agreement.

Dealer Name:

Buyer Signature

By _____

Co-Buyer Signature

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/

Customer #

Deal #

Stock #

**APPLICATION FOR DUPLICATE OR LOST IN TRANSIT/REASSIGNMENT FOR A
MOTOR VEHICLE, MOBILE HOME OR VESSEL TITLE CERTIFICATE**

1	TYPE OF APPLICATION																					
<input type="checkbox"/> VEHICLE/VESSEL DUPLICATE: (Fee Required) LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> Damaged (Certificate of Title must be submitted) <input type="checkbox"/> NOTE: An indication of lost, stolen or damaged is required.					<input type="checkbox"/> VEHICLE/VESSEL LOST IN TRANSIT: NOTE: No fee required if vehicle application is made within 180 days from last title issuance date and has been lost in mailing.					VEHICLE/VESSEL DUPLICATE WITH TRANSFER: (Both parties must be present for this transaction) <input type="checkbox"/> OR <input type="checkbox"/> AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on the title when issued. If neither box is checked, the title will be issued with "and".												
OWNER'S NAME (Last, First, Middle Initial)					Owner's E-Mail Address					PURCHASER'S NAME (Last, First, Middle Initial)					Purchaser's E-Mail Address							
CO-OWNER'S NAME (Last, First, Middle Initial)					Co-Owner's E-Mail Address					CO-PURCHASER'S NAME (Last, First, Middle Initial)					Co-Purchaser's E-Mail Address							
OWNER'S MAILING ADDRESS										PURCHASER'S MAILING ADDRESS												
CITY					STATE			ZIP		CITY					STATE			ZIP				
CAUTION: IF ADDRESS DIFFERS FROM DMV RECORDS, ADDRESS VERIFICATION MUST BE SUBMITTED										DATE OF BIRTH			PURCHASER'S DL/ID #			CO-PURCHASER'S DL/ID#						
2	APPLICATION FOR DUPLICATE IS MADE BY:																					
<input type="checkbox"/> Owner LIENHOLDER DATE OF LIEN		MOTOR VEHICLE MOBILE HOME OR RECREATIONAL VEHICLE DEALER/ AUCTION LICENSE NUMBER (DEALER/AUCTION LICENSE NUMBER DOES NOT APPLY TO VESSELS: LIENHOLDER OR DEALER/AUCTION NAME: ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____																				
3	MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION																					
Vehicle/Vessel Identification Number					Make/Manufacturer			Year		Body		Color		License Plate or Vessel Registration Number				Florida Title Number				
4	VEHICLE USAGE/BRANDS																					
<input type="checkbox"/> SHORT TERM LEASE		<input type="checkbox"/> LONG TERM LEASE		<input type="checkbox"/> POLICE VEHICLE		<input type="checkbox"/> PRIVATE USE		<input type="checkbox"/> TAXI		<input type="checkbox"/> FLOOD		<input type="checkbox"/> REPLICAR		<input type="checkbox"/> KIT CAR		<input type="checkbox"/> REBUILT		<input type="checkbox"/> ASSEMBLED FROM PARTS		<input type="checkbox"/> MANUFACTURER'S BUY BACK		
5	LIENHOLDER INFORMATION																					
If no lien, Print "None"		<input type="checkbox"/> FEID #		<input type="checkbox"/> DL# & Sex and Date of Birth			<input type="checkbox"/> DMV Account #			Date of Lien			Lienholder Name									
Lienholder E-Mail Address					Lienholder Mailing Address					City			State			Zip						
If Lienholder authorizes the Department to send title to the owner, check box and countersign. <input type="checkbox"/> If this box is not checked, title will be mailed to the first lienholder. (DOES NOT APPLY TO VESSELS) _____ <div style="text-align: right;">(Signature of Lienholders Representative)</div>																						
6	APPLICATION ATTESTMENT/SIGNATURES AND ODOMETER DECLARATION/DISCLOSURE																					
WARNING: Federal and state law require that you state the mileage in connection with an application for Certificate of Title. Providing a false statement may result in fines or imprisonment. I (WE) STATE THAT THIS <input type="checkbox"/> 5 or <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> XX (NO TENTHS) MILES, DATE READ ____/____/____, AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING: CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY																						
<input type="checkbox"/> I CERTIFY THAT THE MOTOR VEHICLE/VESSEL DESCRIBED ABOVE WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS/WATERWAYS OF THIS STATE AND NO FLORIDA LICENSE PLATE HAS BEEN TRANSFERRED TO OR PURCHASED FOR THIS MOTOR VEHICLE.																						
I am/we are the owner(s), lienholder(s), and am legally authorized to apply for and receive the Duplicate Certificate of Title. I/we further agree to indemnify the Department and defend the Certificate of Title against all actions or claims by any person. UNDER PENALTIES OF PERJURY, I/WE DECLARE THAT I/WE HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.																						
IF APPLICABLE, I ATTEST TO HAVING ACQUIRED THE MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIBED ABOVE BY: <input type="checkbox"/> PURCHASE <input type="checkbox"/> GIFT <input type="checkbox"/> INHERITANCE <input type="checkbox"/> COURT ORDER										Date Sold			Selling Price \$									
Signature of Purchaser: _____										Printed Name of Purchaser: _____												
Signature of Co-Purchaser: _____										Printed Name of Co-Purchaser's: _____												
Signature of Seller/ Owner/Lienholder: _____										Printed Name of Seller/ Owner/Lienholder: _____												
Signature of Co-Owner: _____										Printed Name of Co-Owner: _____												
7	FOR FLORIDA DMV OR TAX COLLECTOR/LICENSE PLATE AGENCY USE ONLY																					
<input type="checkbox"/> Duplicate authorization verification completed		Signature			Printed Name			County			Agency #			Date Completed								



TRADE-IN INQUIRY

VEHICLE

VIN	KNDJT2A61C7481687	Title #	109381189	Vehicle #	233578603
Make	2012 KIA	Issue Date	1/15/2018	Vehicle Type	AUTO
Net Weight	2800	Paper or Electronic	PAPER TITLE	Body Type	UTILITY
GVW		Cancel Title	-	Color	WHITE /
Use Code	PRIVATE	Title State	FL	BHP/CC	
Fuel Type		Title Pending		Low Emission	
Has Liens	NO	# of Liens	0	EFS Status	
Odometer	87785	Odometer Date	1/15/2018	Title Status	PRINT ELECTRONIC TITLE

REGISTRATION

Plate #	82JNR	Plate Code	ENDLESS SUMMER	Decal #	06694640
Registration Exp Dt	2/27/2026	Biennial		Decal Type	VDC
Initial Fee Paid	PAID	Registration Use	PRIVATE	HOV Decal #	
Plate Exp Dt	8/27/2028	Registration #	273784365	HOV Exp Dt	

VEHICLE OWNER 1

Customer Type	Individual	Date of Birth	2/27/1973
DMV Customer #	230957428	Driver License #	A230957428000
Name	ELIZABETH ANN ALMARIO BOYLE		
Physical Address	2424 METFIELD DR APT 2317 MELBOURNE FL 32940	Mailing Address	2424 METFIELD DR APT 2317 MELBOURNE FL 32940

VEHICLE OWNER 2

Joint Ownership Type	OR		
Customer Type	Individual	Date of Birth	8/4/1998
DMV Customer #	236162936	Driver License #	B622785987840
Name	STEPHANIE ELIZ BURGOS ALMARIO		
Physical Address	2885 REGENCY DR MELBOURNE FL 32935	Mailing Address	2885 REGENCY DR MELBOURNE FL 32935

LIENS

None

VEHICLE BRANDS

None

VEHICLE STOPS

None

Inquiry: 5/22/2025 9:58:56 AM EST