



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

STATEMENT OF BUILDER

☐ REBUILT ☒ ASPT ☐ KIT CAR ☐ OTHER: _____

SECTION I. DESCRIPTION OF ☐ MOTOR VEHICLE ☐ MOTORCYCLE ☐ MOBILE HOME

1. _____ ASPT _____ FLA _____
Year Make Identification Number Color Body Length
2. Title Number: _____ Title State: _____
3. Other/Title Number: _____ Title State: _____
4. Motor Vehicle/Motorcycle is complete and in road operable condition. _____ (Initials)
- Mobile Home is habitable for residential or commercial purposes. _____ (Initials)

SECTION II. MAJOR COMPONENT PARTS USED IN THE BUILDING/REPAIR PROCESS

Note: Major component parts defined as: For motor vehicles other than motorcycles, any fender, hood, bumper, cowl assembly, rear quarter panel, trunk lid, door, deck lid, floor pan, engine, frame, transmission, catalytic converter or airbag.

1. This section is not applicable as the ☒ Motor Vehicle ☐ Motorcycle or ☐ Mobile Home was purchased from _____ on _____ 20_____, in complete rebuilt or ASPT condition.
2. List the major component parts used in the building/repair process (if additional space is needed, please use form HSMV 84491).

Part	New	Used	Repaired	Aftermarket	Homemade	Source/VIN
WINDSHEILD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SEAT BELTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MIRRORS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
LIGHTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
CART	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. When Section II (1) is not applicable, describe the repairs made in detail. (If additional space is needed, please use form HSMV 84491. Attach the original MSO, bill of sale(s), or receipt(s) for all major component parts (must contain name, address, telephone, and signature of seller). _____
4. Number of Receipts: _____

SECTION III. CUSTOM VEHICLE OR STREET ROD

The following statements are required to be attested to according to section 320.0863, Florida Statutes. Failure to attest to these statements will cause this agency to reject your application.

- ☐ The vehicle will not be used for general daily transportation but will be maintained for occasional transportation, exhibitions, club activities, parades, tours, or other functions of public interest and similar uses.
- ☐ The vehicle meets state equipment and safety requirements for motor vehicles that were in effect in this state as a condition of sale in the year listed as the model year on the certificate of title.

By checking the boxes above and by signature below, I acknowledge and attest to the statements above as my written statement relating to a custom vehicle or street rod.

Signature

Date

SECTION IV. APPLICANT INFORMATION AND SIGNATURE
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Date: _____

The undersigned hereby certifies that the vehicle conforms to Florida and Federal Motor Vehicle Safety Standards. **UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS PROVIDED HEREIN ARE TRUE. NO MATERIAL INFORMATION REGARDING THE MOTOR VEHICLE, MOTORCYCLE, OR MOBILE HOME HAS BEEN OMITTED.**

PRINTED NAME OF APPLICANT/BUSINESS_____
PRINTED NAME OF APPLICANT/BUSINESS_____
STREET ADDRESS_____
STREET ADDRESS_____
CITY_____
STATE_____
ZIP_____
CITY_____
STATE_____
ZIPTELEPHONE NUMBER: 8133744448

TELEPHONE NUMBER: _____

SIGNATURE OF APPLICANT/BUSINESS_____
SIGNATURE OF APPLICANT/BUSINESS

SECTION V. HSMV 077@- USE ONLY

HSMV CE signature below attests to the VIN verification and vehicle inspection requirements. PRVIP Inspector attests to vehicle inspection only.

VIN: _____

Title Number: _____

D-1: _____

Title State: _____ Odometer: _____

D-2: _____

Year: _____ Make: _____

D-3: _____

Body: _____ Color: _____

D-4: _____

Audit #: _____ Region #: _____

Please mark the appropriate answer:Secondary VIN Verified ☐ Yes ☐ NoFederal Decal ☐ Yes ☐ NoReplacement VIN Plate/Decal ☐ Yes ☐ NoVehicle Painted Prior to Inspection ☐ Yes ☐ No

This ASPT/Vehicle resembles a: _____

Odometer Replacement Notice: ☐ Yes ☐ NoMobile Home Use Only: ☐ Mobile Home was measured

Comments: _____

FRVIS ☐ Yes ☐ NoPrevious Rebuilt Title ☐ Yes ☐ NoNICB Check ☐ Yes ☐ No

Tax Due On: _____

Component Parts Marked ☐ Yes ☐ NoFlood Damaged ☐ Yes ☐ NoTheft ☐ Yes ☐ No☐ With Tongue or ☐ Without Tongue

Under penalties of perjury, I declare that I have made inspection of this motor vehicle, motorcycle, or mobile home and completed Section V based on that inspection.

Signature of HSMV Compliance Examiner_____
Print Name of HSMV Compliance Examiner_____
Region #_____
Date_____
Signature of PRVIP Inspector_____
Print Name of PRVIP Inspector_____
Co/Agcy #_____
Date