



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:

Law Enforcement Agency Name: _____ Badge Number: _____

Florida Dealer Dealer Name: _____ Dealer Number: _____

FLHSMV Office Name: _____ User ID/Badge: _____

Tax Collector or License Plate Agency Agency Name: _____ County/Agency: _____

Florida Notary Public (Stamp or Seal)

Signature: _____

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)

The purchase of a recreational vehicle to be offered overnight 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:

Purchaser (state agencies, counties, etc.) holds valid exemption certificate

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:

Inheritance Gift Divorce Decree Transfer between a married couple Other: _____

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

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:

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.

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)

Testate (with a will) Intestate (without a will) and left the surviving heir(s) named below.

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