

INFORMATION PACKET- TRANSFER OF TITLE FOR MEMBERS OF THE MILITARY

This packet has been designed by the Seminole County Tax Collector to help expedite the process of transferring ownership of a vehicle owned by a Florida resident that is a member of the military and stationed outside of the state.

Required Documents to apply for a Florida Title:

- 1. The out-of-state title completed and signed by the seller to the new purchaser. The military member must be an owner or co-owner of the vehicle.
- 2. A completed HSMV 82040, Application for Certificate of Title with/without Registration. Section 8, VIN Verification, must be completed by a law enforcement officer from any state, or any Provost Marshal. As a service to the public, the Tax Collector's office has employees available to verify the Vehicle Identification Number (VIN) and odometer. Section 12 must be completed and signed.
- 3. One of the following proofs of identification for owner and co-owner:

- a. Valid Florida driver license
- b. An out of state valid driver license or identification card with photo
- c. A valid United States passport
- d. A valid Canadian driver license, identification card, or passport
- e. A valid driver license of identification card from any U.S. Territory
- f. A valid out of country passport

4. A Bill of Sale

5. The following two are **required**:

1. A completed Military Insurance Exemption Affidavit declaring the state in which the military member is maintaining the vehicle, the type of the insurance, and the policy number and insurance company.

-- AND--

2. A letter on letterhead stationery from the out-of-state insurance company/agent stating that the military member is currently insured in the state where he/she is actively stationed.

This letter should contain all policy information including name of insured, effective date of insurance, insurance company name, policy number, and vehicles covered. (A faxed letter on letterhead stationery is permissible). If proof of insurance is in a language other than English, it must be accompanied by a written translation into the English language.

6. A completed HSMV 82002, Initial Registration Exemption Affidavit. The member should check the appropriate box and complete the number of the exemption being claimed that corresponds with the exemptions on the back of the form.

7. An out-of-state mailing address for the military member. As well as a daytime phone number AND/OR an email address where you can be reached at if any questions should arise.

8. A copy of the military orders OR an affidavit from the military member's commanding officer that confirms the member's military orders and date of assignment.

9. Six percent sales tax will be collected on the purchase price. When the vehicle has been titled in the applicant's name for six months or longer sales tax will not be collected. If owned less than six months, proof of sale tax paid is required. If less than 6% was paid, the difference would be owed or a completed military sales affidavit.

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/

INITIAL REGISTRATION FEE EXEMPTION AFFIDAVIT

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY	PREV. STATE	TITLE NO.

A. LIST OF QUALIFYING MILITARY EXEMPTIONS:

1. I am a member of the U. S. Armed Forces, or his or her spouse or dependent child, who is not a Florida resident and is stationed in the state of Florida on military orders. Submit a copy of your military orders and out of state driver license.
2. I am a member of the U. S. Armed Forces, or his or her spouse or dependent child, who is/was not a Florida resident and is stationed in the state of Florida on military orders and is now becoming a resident of Florida. Submit a copy of your military orders and Florida driver license.

NOTE: The prior non-resident member or his/her spouse or dependent child would qualify for this exemption even if the vehicle were not previously registered in Florida as a "Registration Only." Some members retain an out of state license plate for their vehicle from their state of residence while stationed in Florida.

3. I am a former member of the U.S. Armed Forces, or his or her spouse or dependent child. I purchased this motor vehicle while stationed outside Florida. I was not dishonorably discharged nor discharged for bad conduct. I was a resident of Florida at the time of enlistment/discharge and continue to be a resident of Florida. I am applying for registration within 6 months after discharge. Submit a copy of your Discharge Order (DD214) and Florida driver license.
4. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida. I have been reassigned by military orders to this state. Submit a copy of your military orders and Florida driver license.
5. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida, and continue to be stationed outside of Florida. Submit a copy of your military orders and Florida driver license.
6. I am a resident of Florida and a spouse or dependent child of a member of the U.S. Armed Forces, who lost his/her life (submit proof of military death notification) or is listed as "Missing in Action" (MIA) (submit proof of MIA status).

NOTE: The member of the armed forces must have been a resident of Florida at the time of enlistment. Registration must occur within one (1) year of notification of death or MIA status.

B. THIS FORM SHOULD NOT BE USED WHEN:

1. The U.S. armed forces member is not a resident of Florida **AND** is not assigned by military orders to the state of Florida.
2. The U.S. armed forces member is dishonorably discharged or discharged for bad conduct.

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

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

Notice of Sale and/or Bill of Sale for a Motor Vehicle, Mobile Home, Off-Highway Vehicle or Vessel

Notice of Sale (Seller must complete sections 1 & 3). The purchaser's signature in section 3 is optional.

Bill of Sale (Seller and purchaser must complete sections 1, 2 (when applicable) & 3).

1. Motor Vehicle, Mobile Home, Off- Highway or Vessel Description				
Year	Make/Manufacturer	Body Type	Model	Color
Certificate of Title Number		Vehicle/Vessel Identification Number		
I/we do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:				
Print Name(s) of Purchaser(s)				
Address		City	State	Zip Code
Date of Sale		Selling price \$		
2. Odometer Disclosure Statement (Required For a Motor Vehicle)				
<p>Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.</p> <p>WE STATE THAT THIS MOTOR VEHICLE'S <input type="checkbox"/> 5 DIGIT 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 WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:</p> <p><input type="checkbox"/> 1. REFLECTS THE ACTUAL MILEAGE. <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE.</p>				
Affidavit (When applicable):				
3. Certification				
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		Date
Seller's Address		City	State	Zip Code
Co-Seller's Signature (when applicable)		Co-Seller's Printed Name (when applicable)		Date
Co-Seller's Address (when applicable)		City	State	Zip Code
Purchaser's Signature		Purchaser's Printed Name		Date
Co-Purchaser's Signature (when applicable)		Co-Purchaser's Printed name (when applicable)		Date

*** OWNERSHIP STATUS FOR THE ABOVE DESCRIBED MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL WILL NOT CHANGE UNTIL THE PURCHASER APPLIES FOR AND IS ISSUED A CERTIFICATE OF TITLE.**

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

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

PART A - OWNER'S VEHICLE IDENTIFICATION AFFIDAVIT AND ODOMETER DECLARATION

(Completion of this part requires a physical inspection of the vehicle by the owner)

AFFIDAVIT:

DATE: _____

This is to certify that I, the undersigned, am the lawful owner of the motor vehicle described on this form and that I have, on the date entered above, made a physical inspection of the motor vehicle and have recorded the vehicle identification number and other identification information and the odometer reading and certification in the spaces provided on this form.

VEHICLE IDENTIFICATION (MOTOR NUMBER ALL MAKES THROUGH 1954 - IDENTIFICATION NUMBER 1955 AND LATER)

Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In
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ODOMETER DECLARATION

WARNING: Federal and State law require 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.

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

1. reflects ACTUAL MILEAGE. 2. is IN EXCESS OF ITS MECHANICAL LIMITS. 3. is NOT THE ACTUAL MILEAGE.

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

(Owner's Signature)

(Owner's Printed Name)

PART B – VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER

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 Motorist Services Employee or Tax Collector Employee. If an out-of-state motor vehicle dealer verifies the VIN, 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 that the vehicle identification number on the vehicle to be identical to the vehicle identification number recorded on this form.

(Seal)

Date: _____

Commissioned Name of Florida Notary: _____ Notary's Signature: _____
(Print, Type or Stamp)

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

Florida DMS/Tax Collector Employee: _____

Signature: _____ Printed Name: _____

Law Enforcement Officer or Florida Dealer/Agency Name: _____ Badge # or Florida Dealer # _____

Florida Compliance Examiner/Inspector Badge or ID Number: _____

◆ **NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT** ◆

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON OR AUTHORIZED AGENT OF ANY PERSON, REQUIRED TO MAKE APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION.

WHEN SHOULD THIS FORM BE COMPLETED?

ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS NOT CURRENTLY TITLED IN FLORIDA, WITH A NET WEIGHT OF 2,000 POUNDS OR MORE.

WHEN SHOULD THIS FORM NOT BE COMPLETED?

WHEN CERTIFICATE OF TITLE IS BEING APPLIED FOR ON ONE OF THE FOLLOWING:

1. NEW MOTOR VEHICLE, REGARDLESS OF WHETHER PURCHASED IN FLORIDA OR OUT-OF-STATE
2. MOBILE HOME
3. TRAILER OR SEMITRAILER WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS
4. TRAILER TYPE RECREATIONAL VEHICLE (TRAVEL TRAILERS AND CAMP TRAILERS)

VIN VERIFICATION BY AN OUT OF STATE MOTOR VEHICLE DEALER:

IF THE VEHICLE IDENTIFICATION NUMBER (VIN) IS VERIFIED BY AN OUT-OF-STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY.

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

EXHIBIT D

Certificate of Entitlement for U.S. Military Service Personnel (Currently Stationed in a State Other Than Florida) Claiming an Exemption from Florida Sales Tax

I _____, am a military member who has purchased the
(Name of Military member)

motor vehicle/vessel listed below in _____ while stationed outside of Florida:
(State)

(Year)

(Make of Vehicle/Vessel)

(Vehicle/Vessel identification Number)

I am certifying the following:

- I am a resident of the state of Florida.
- I am currently residing outside of Florida pursuant to military orders.
- The vehicle/vessel will be held outside of Florida for longer than 6 months.
- I will not bring the vehicle/vessel into the state of Florida within 6 months from the date of purchase, even for temporary reasons.
- I recognize that I owe tax to the state in which the motor vehicle was purchased, unless a specific exemption applies.
- I do not intend to avoid sales or use tax in any state by registering the vehicle/vessel in Florida.

I understand that if I fraudulently issue this certificate to evade the payment of sales tax I will be liable for payment of the sales tax plus a penalty of 200% of the tax and may be subject to conviction of a third degree felony.

Under the penalties of perjury, I declare that I have read the foregoing Certificate of Entitlement and the facts stated in it are true.

(Date)

(Signature of Military Member)

MILITARY INSURANCE EXEMPTION INFORMATION

The exemption for providing proof of Florida insurance applies in the following circumstances:

1. The military member or spouse is an owner, co-owner, or registrant.
- or**
2. The military member is a Florida resident stationed outside Florida.

All of the following is required:

1. An out-of-state mailing address (which will be shown on the Florida Vehicle Registration Certificate) for the military member.
2. The military member's Florida address of residence, which will be shown in the DMV database.
3. A copy of the military orders.

or

An affidavit from the military member's commanding officer that confirms the member's military orders and the date of assignment.

4. An affidavit stating the vehicle is being maintained in the member's state of military assignment and will not be driven in the state of Florida, except in a transient visitor status (see sample affidavit below).
5. A letter on letterhead stationery from the out-of-state insurance company/agent stating that the military member is currently insured in the state where he/she is actively stationed. This letter should contain all policy information including name of insured, effective date of insurance, insurance company name, policy number, and vehicles covered. (A faxed letter on letterhead stationery is permissible).

If proof of insurance is in a language other than English, it must be accompanied by a written translation into the English language.

AFFIDAVIT

I, _____ **certify that my vehicle is maintained in the**
(Name of Military Member or Spouse)

state of _____, where I am on military orders and will not be driven in the state of

Florida, except in a transient visitor status.

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

(Signature of Military Member or Spouse)

THIS EXEMPTION ONLY APPLIES TO VEHICLES REGISTERED IN THE NAME OF THE MILITARY MEMBER OR THE NON-MILITARY SPOUSE.

**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES APPLICATION
FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION** SUBMIT THIS FORM
TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

CHECK APPLICATION TYPE: ORIGINAL TRANSFER **VEHICLE TYPE:** MOTOR VEHICLE MOBILE HOME VESSEL **OFF-HIGHWAY VEHICLE:** ATV ROV MC

1 OWNER / APPLICANT INFORMATION					
Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>	Owner 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	Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	Unit Number	Fleet Number

OR 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: Life Estate/Remainder Person Tenancy By the Entirety With Rights of Survivorship Owner's County of Residence: _____

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Owner's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Co-Owner's/Lessee's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Owner's Mailing Address (Mandatory unless a member of the Military)	City		State	Zip
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)	City		State	Zip
Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)	City		State	Zip
Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>	City		State	Zip
Mail To Customer Name (If different From Above Owner)	Mail To Customer's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Mail To Customer Address (If different From Above Mailing Address)	City		State	Zip

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION							
Vehicle/Vessel Identification Number	Make/Manufacturer	Year	Body	Color	Florida Title Number		
Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length Ft. In.	BHP/CC	GWW/LOC	VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER	
TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat <i>Specify</i>		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ <i>Specify</i>		PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ <i>Specify</i>		FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <i>Specify</i>	
USE OF VESSEL <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Government <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Other _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Oyster <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"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ILEV	<input type="checkbox"/> CUSTOM
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD

4 LIENHOLDER INFORMATION					
CHECK IF ELT CUSTOMER <input type="checkbox"/>	FEID # <input type="checkbox"/>	DL # and Sex and Date of Birth <input type="checkbox"/>	DMV Account # <input type="checkbox"/>	Date of Lien	Lienholder's Name
Lienholder's Email Address		Lienholder's Address		City	State Zip

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"/> REPOSESSION <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/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:	
<input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE.	<input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS.
<input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE.	

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	DEALER / AGENT SIGNATURE
YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN	

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: (Vehicle Identification Number)

DATE SIGNATURE PRINTED NAME

Law Enforcement Officer or Florida Dealer/Agency 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 A MARRIED COUPLE 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) 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 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.)

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. 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, 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.

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

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR MILITARY SERVICE RELATED LICENSE PLATES
SUBMIT APPLICATION TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY
www.flhsmv.gov/offices

ALL APPLICATIONS FOR MEDAL OF HONOR, SILVER STAR, DISTINGUISHED SERVICE CROSS, NAVY CROSS, AIR FORCE CROSS, DISTINGUISHED FLYING CROSS, OR WORLD WAR II VETERAN MUST BE SUBMITTED TO THE DIVISION OF MOTORIST SERVICES

See Reverse Side of this form for Address, Provisions of Law, and Instructions

1. I, _____ hereby certify that I am a legal resident of Florida, residing at _____

(Address) (City) (State) (Zip)

and I am the registered owner of the following described motor vehicle:

YEAR _____ MAKE _____ CURRENT LICENSE PLATE NUMBER _____
 TITLE NUMBER _____ VEHICLE IDENTIFICATION NUMBER _____
 OWNER/LESSEE'S DATE OF BIRTH _____ SEX _____ OWNER/LESSEE'S DL NUMBER _____
 OWNER/LESSEE'S EMAIL ADDRESS _____

2. This is to certify that I, _____, am applying (and providing proof of eligibility, as listed below) for the following license plate as indicated:

- Ex-Prisoner of War Purple Heart Medal of Honor Pearl Harbor Survivor US Paratrooper Operation Iraqi Freedom
 Operation Enduring Freedom Gold Star Veteran of US Armed Forces Combat Infantry Badge Combat Action Badge
 Combat Medical Badge Vietnam War Veteran Korean War Veteran Silver Star Distinguished Service Cross
 Navy Cross Air Force Cross Operation Desert Shield Veteran Operation Desert Storm Veteran Combat Action Ribbon
 Distinguished Flying Cross Woman Veteran Air Force Combat Action Medal Navy Submariner
 World War II Veteran

Ex-Prisoner of War or Un-remarried Surviving Spouse of Ex-Prisoner of War	Proof from the US Government of being a legal ex-prisoner of war while in the service of the Armed Forces of the United States or as a civilian serving with the consent or authorization of the US Government.
Purple Heart Medal Recipient or Un-remarried Surviving Spouse of Purple Heart Medal Recipient	Proof from the US Government of being a recipient of the Purple Heart Medal.
Medal of Honor	Proof from the US Government of being a recipient of the Medal of Honor.
Pearl Harbor Survivor	Proof of membership in the Pearl Harbor Survivors Association or proof of active military duty in Pearl Harbor on December 7, 1941.
US Paratrooper	Proof of completion of US Army Jump School or of being decorated as a parachutist during military training. (\$20 annual use fee and \$5 processing fee is required).
Operation Iraqi Freedom Operation Enduring Freedom	Proof of active or former military duty in Iraq during Operation Iraqi Freedom or in Afghanistan during Operation Enduring Freedom or proof the applicant was awarded the Iraq Campaign Medal, Afghanistan Campaign Medal, or Global War on Terrorism Expeditionary Medal as appropriate.
Gold Star	Proof from the US Government that the service member was killed while serving and proof of relationship to the service member.
Veteran of the United States Armed Forces	Proof from the US Government of release or discharge from any branch of the United States Armed Forces.
Combat Infantry Badge	Proof from the US Government of being a recipient of the Combat Infantry Badge or proof of membership in the Combat Infantrymen's Association, Inc., or other proof of being a recipient of the Combat Infantry Badge.
Combat Action Badge	Proof from the US Government of being a recipient of the Combat Action Badge, or other proof of being a recipient of the Combat Action Badge.
Combat Medical Badge	Proof from the US Government of being a recipient of the Combat Medical Badge, or other proof of being a recipient of the Combat Medical Badge.
Vietnam War Veteran	Proof from the US Government of being deployed and serving in Vietnam during the military deployment in Indochina. Proof that the applicant was awarded the Vietnam Service Medal.
Korean War Veteran	Proof from the US Government of being deployed and serving in Korea during the military deployment in Korea. Proof that the applicant was awarded the Korean Service Medal.
Navy Cross Distinguished Service Cross Silver Star Air Force Cross	Proof from the US Government of being a recipient of the Navy Cross, Distinguished Service Cross, Silver Star, or Air Force Cross.
Operation Desert Shield Veterans Operation Desert Storm Veterans	Proof from the US Government that a current or former member was deployed and served in Saudi Arabia, Kuwait, or another area of the Persian Gulf during Operation Desert Shield or Operation Desert Storm or proof the applicant was awarded the Southwest Asia Service Medal.

Combat Action Ribbon	Proof of being a recipient of the Combat Action Ribbon. Proof may be on the member's DD-214 or other military documents.
Distinguished Flying Cross	Proof of being a recipient of the Distinguished Flying Cross.
Woman Veteran	Proof of service from the United States Armed Forces. Proof may include a DD-214 or other similar documents that show her service in the United States Military.
Air Force Combat Action Medal	Proof of being a recipient of the Air Force Combat Action Medal.
Navy Submariner	Proof of being a recipient of the Submariner designation.
World War II Veteran	Proof of service from the United States Armed Forces. The proof should include service dates between December 8, 1941 to September 2, 1945.

Signature of the applicant for the above indicated license plate

Applicant's phone number

PROVISIONS OF LAW:

Section 320.089, Florida Statutes, provides that the license plates specified on the reverse side of this form may only be issued to the following types of vehicles:

- Automobiles (private or lease).
- Trucks for private use (weighing 7,999 pounds or less).
- Motor homes or truck campers which are NOT "for hire" or "commercial" use.

INSTRUCTIONS:

- Sections 1 and 2 on the reverse side of this form must be completed when requesting any of the Military Service Related License Plates.
- Application and documentation for Ex-Prisoner of War, Purple Heart, Pearl Harbor Survivor, US Paratrooper, Operation Iraqi Freedom, Operation Enduring Freedom, Gold Star, Combat Infantry Badge, Combat Action Badge, Combat Medical Badge, Vietnam War Veteran, Korean War Veteran, Operation Desert Storm Veteran, Operation Desert Shield Veteran, Veteran of the United States Armed Forces, Combat Action Ribbon, and Woman Veteran license plates should be processed at your local county tax collector's office or license plate agency.
- Application and documentation for Medal of Honor, Silver Star, Distinguished Service Cross, Navy Cross, Air Force Cross, Distinguished Flying Cross, or World War II Veteran **MUST** be submitted to the Department for processing. The mailing address is:

**Department of Highway Safety and Motor Vehicles
Title and Registration Issuance
2900 Apalachee Parkway, MS #72
Tallahassee, Florida 32399**

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