

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

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

https://www.flhsmv.gov/locations/
Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☐ Original ☐ Transfer Request to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: Maile									☐ Yes: Mailed			
Section 1: OWNER/APPLICANT INFORMATION												
Customer Number	Fleet Num	ber		Unit Number			Owner's County of Reside					
Owner Details: Are you a Florid	da Resident? I	□ YES □ NO	Are you a US	S Citizen?	YES 🗆	NO Are	e you de	af or hard	of hearing?	(Voluntary) □ YES □ NO	
Owner Details: Are you a Florida Resident? YES NO Are you a US Citizen? YES NO Are you deaf or hard of hearing? (Voluntary) YES NO When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. Select, if applicable: DLife Estate/Remainder Person												
□ OR □ AND (If neither box is checked, the title will be issued with "and.") □ Tenancy by the Entirety □ 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)				Date of Birth	
FL DL/ID or FEID/Suffix Number							State	Zip Code				
Owner's Residential Street Address			City				State	Zip Code				
Mail To Customer Name (If different fro		Mail To's Phone Number (Voluntary)				il (Voluntary	Sex	Date of Birth				
FL DL/ID or FEID/Suffix Number	from above mail	above mailing address)			City				Zip Code			
Co-Owner Details: Are you a Florida Resident? ☐ YES ☐ NO Are you a US Citizen? ☐ YES ☐ NO Are you deaf or hard of hearing? (Voluntary) ☐ YES ☐ NO												
☐ Co-Owner or ☐ Lessee's Name a (First, Full Middle/Maiden, & Last Name)	se Co-Owne	Co-Owner's Phone Number (Voluntary)			Co-Owner's Email (Voluntary)			Sex	Date of Birth			
FL DL/ID or FEID/Suffix Number	Address	Iress			City			State	Zip Code			
Co-Owner's/Lessee's Residential Street Address							City				Zip Code	
Section 2: VESSEL DESCRIPTION						•						
Hull (Vessel) Identification Number (I		□ HIN is noo	ded Florida	Title Numbe	r FI	/DO Nu	mher		Renewal	of Number	r State of	
(Vessel does not have a HIN)				Tionad Title Humber						S □ NO	Principal Use	
Make/Manufacturer	Model		Year	Weight	Le	ength ft.		For all vesse			r a vessel draws.) and all sailboats.	
☐ I certify the vessel listed above ha	s nreviously he	en branded a	s a damaged	hull							nment (If known)	
☐ I certify the vessel listed above ha				riuii.								
-	s previously be		ull Material		Dropulai	on Type		Engin	o Drivo Tvr	e Fuel		
Vessel Type □ Air Boat □ Inflatable B	oot 🗆			Material Propulsi bber/Vinyl/Canvas □ Air Th					Engine Drive Type ☐ Inboard		□ Electric	
☐ Auxiliary Sailboat ☐ Open Moto				uminum □ Steel □ Prope					Inboard/Outboard		iesel	
☐ Cabin Motorboat ☐ Paddle Cra		perglass □ Wood □ Water			Ouii		□ Pod Drive		ias			
☐ Houseboat ☐ Personal W	Plastic	actic				l l	☐ Sterndrive		☐ Other:			
_ au							ecify)	_	☐ Other:			
☐ Other: ☐ Oth				(Specify)			.00.137		(Specify)		(Specify)	
Primary Operation Commercial Blue Crab Commercial Charter Fishing Commercial Spiney Lobster Exempt Recreational Rent or Lease												
☐ Commercial Live Bait ☐ Commercial Passenger Carrying ☐ Commercial Sponge ☐ Government ☐ Commercial Other: ☐ Commercial Mackerel ☐ Commercial Shrimp Non-Recip. ☐ Commercial Stone Crab ☐ Hire (Livery)												
□ Commercial Oyster □ Commercial Shrimp Recip. □ Dealer/Manuf. Demonstration □ Recreational (Pleasure) (Specify)												
Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION												
If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known)												
☐ The vessel listed above has previously been titled or registered out-of-state . ☐ The vessel listed above has previously been titled or registered out-of-country .												
Previous State of Issue Previous	ous Registratio	n Number		Previou	s State c	ot Issue	Pr	evious Re	gistration N	umber		
Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION												
□ I certify the vessel listed above is not currently a documented vessel or foreign-documented vessel. (If selected, one of the documents listed below is required.)												
□ U.S. Coast Guard Release Documentation Form is attached or □ Copy of Canceled Documentation Papers/Record is attached												



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

~~												
Section 5: LIEN	HOLDER INFORMATION	If applica	able)									
ELT Customer ☐ YES ☐ NO	□ FEID/Suffix # □ DMV	Lienholder's Phone Number (Voluntary) Lienholder's Email						untary)				
Date of Lien	Lienholder's Mailing Addre	City					State	Zip Code				
Lienholder's Nan	ne (If box is not checked, title w	vill be mai	led to the first lienholder.)	□ Che	eck this box i	you,	lienholder represe	entative	, authorize t	he Depart	ment to send	
			t	the ve	ssel title to th	ne ow	ner and sign here	:				
Section 6: SECU	JRITY INTEREST											
	ne vessel listed above has s	ecurity in				/ be us	sed for additional se	cured pa	rties.)			
Secured Party's Name Secured Party's Name				g Add	ress	City	City			Zip Code		
Section 7: TRAN	NSFER TYPE (If applicable)										
If ownership has ☐ Sale (Price: \$_	transferred, how and when) □ Gi				ritance □ Other <i>(Spe</i>	ecify):			Date Acq	uired: /_		
Section 8: DEA	LER SALES TAX REPOR			RMA	TION (If app							
Florida Sales Tax			r License Number Dat		te of Sale An		Amount of Tax Dealer		r/Agent Signature			
Year of Trade In	Make of Trade In		Title Number of Trade	In (If I	known) \	l Identification Nui	ification Number of Trade In					
Section 9: SALE	S TAX EXEMPTION CER	TIFICAT	ION (If applicable)									
	eational vessel described			cempt	from the sa	les ta	ax imposed by C	hapter :	212, Florida	Statues,	by:	
☐ Purchaser (st	tate agencies, counties, etc.) ho	olds valid	I exemption certificate		□ Vessel will be used exclusively for rental.							
	tificate of Exemption Number				Sales Tax Registration Number:							
I hereby certify the	nat ownership of the vessel	describe	ed on this application, is r	not su	bject to Flori	da Sa	lles and Use Tax f	or the fo	ollowing reas	son:		
□ Inheritance	☐ Gift ☐ Divorce	Decree	☐ Transfer between	en a m	arried couple)	□ Other:				 	
□ Even trade o	r trade down						 		<u> </u>			
			of the even trade or trade d	lown ai	nd the transfer	or info	rmation, including th	e transfe	ror's name an	d address.)		
	POSSESSION DECLARAT	_	facilities that the second of the second									
☐ I certify that th	is vessel was repossessed	upon ae	rault in the terms of the i	ien ins	strument and	is no	w in my possession	on.				
	N-USE AND OTHER CERT											
	ollowing certifications are m e certificate of title is lost or	-										
	entified will not be operated			roperly	y registered.							
☐ Other: (explain)			·									
Section 12: APF	PLICATION ATTESTMENT	AND SI	GNATURES									
	inspected the HIN. (More the of perjury, I declare that							true.				
Full Name of App	ıll Name of Applicant, Owner				Signature of Applicant, Owner					D	ate	
Full Name of Applicant, Co-Owner					Signature of Applicant, Co-Owner					D	ate	
Section 13: REL	EASE OF SPOUSE OR H	EIRS INT	TEREST (If applicable)									
	person(s) state(s) that								died on			
			•		deceased)					(Da	ate)	
	able, the heir(s) (named bel	ow) certi		f title i	s lost or dest	royed	l .					
Under penalties (More than one form	of perjury, I declare that m HSMV 82040 may be used for	I have re	ad the foregoing docu	ment	and that the	fact	s stated in it are	true.				
	Spouse, □ Co-Owner or □				Signature of	Spou	ise, Co-Owner or	Heir(s)		D	ate	
Full Name of □ Spouse, □ Co-Owner or □ Heir(s)			Signature of Spouse, Co-Owner or He			Heir(s)	(s) Date					
	of death the decedent wa									hereby re	leases all of	
	er/their right, title, interest and claim as heir(s) at law, legatee(s), devise lame of Applicant					Signature of Applicant					ate	
Full Name of Applicant						Signature of Applicant						