INFORMATION PACKET

MANUFACTURER'S CERTIFICATE OF ORIGIN (MCO) FOR VESSELS

This packet has been designed by the Seminole County Tax Collector to help expedite the process of applying for a Florida title using a Manufacturer's Certificate of Origin (MCO).

Required Documents to apply for a Florida Title:

- 1. The original Manufacturer's Certificate of Origin (MCO) properly assigned to the purchaser.
- 2. A completed HSMV 82040, Application for Certificate of Title with/without Registration.
- 3. A Vessel Bill of Sale is suggested a may be required.
- 4. Six percent Florida Sales Tax is collected on the sale price. When the vessel is registered to a Seminole County address the first \$5,000.00 of the sale is subject to an additional 1% discretionary sales surtax.
- 5. Registration fees are determined by the length of the vessel.
- 6. **NOTE:** Trailers are registered separately. A copy of the trailer MCO or a Bill of Sale with a complete description including the empty weight of the trailer is required. The fees are determined by the registered owner's date of birth, empty weight, and the license plate type.

If you need further assistance, please contact our office at 407-665-1000.

VESSEL BILL OF SALE

Vessel Description										
Year	Make/Manufactuerer	Body Type	Vessel Registration Number							
Certificate of Title Number		Hull Identification Number								
Vessel Affidavits										
The above vessel has not been operated upon public waters in the State of Florida.										
After a thorough visual inspection of this vessel, I have been unable to locate any existing										
hull identification numbers on the vessel.										
If purchase is a package deal, both vessel and trailer sections must be completed										
Trailer Description										
Year	Make/Manufacturer Trailer Identification Number									
Seller's Trailer License Plate Nur	mber	Empty Weight of Trailer								
	Trailer Affidavits									
This trailer h	This trailer has never been registered in this or any other state. * weight slip required *									
I purchased	I purchased this trailer and have never registered it in my name. * weight slip required *									
After a thorough visual inspection of this trailer, I have been unable to locate any existing										
identification numbers on the trailer.										
For more	information or forms, pl	ease visit www.seminoletax.	org or call 407-665-1000							
Seller Must Complete										
Printed Name(s) of Purchaser(s)										
Date of Sale		Selling Price (excluding price of any outboard motors)								
		\$								
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.										
Signature of Seller	AND MAT ME	Printed Name of Seller								



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: Mailed													
Section 1: OWNER/APPLICANT INFORMATION													
Customer Number	Fleet Num	ber		Unit Number				Owner's County of Residence					
Owner Details: Are you a Florid	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 VOLUNTARY YES Y) □ YES □ NO			
When joint ownership, please indicat						ct, if app					inder 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 Owner's Mailing Address							City				Zip Code		
Owner's Residential Street Address				_			City				Zip Code		
Mail To Customer Name (If different from above owner)				Mail To's Phone Number (Voluntary)			Mail To's Email (Voluntary)				Date of Birth		
FL DL/ID or FEID/Suffix Number	from above mai	above mailing address)			City				Zip Code				
Co-Owner Details: Are you a Florid	la Resident?	□ VES □ NO	Are you a H	S Citizen?	VES 🗆	NO Ar	e vou de	af or hard	of hearing?	\/oluntary) □ YES □ NO		
☐ Co-Owner or ☐ Lessee's Name a (First, Full Middle/Maiden, & Last Name)	se Co-Own	Co-Owner's Phone Number (Voluntary)			Co-Owner's Email (Voluntary)				Date of Birth				
FL DL/ID or FEID/Suffix Number (g Address	dress					State	Zip Code					
Co-Owner's/Lessee's Residential Street Address							City				Zip Code		
Section 2: VESSEL DESCRIPTION						•							
Hull (Vessel) Identification Number (I	-IIII)	□ HIN is not	adad Florida	Florida Title Number FL		./DO Number Renewal			of Number State of				
(Vessel does not have a HIN)				Theriaa rike riamber						S □ NO	Principal Use		
Make/Manufacturer	Model		Year	Weight	eight Le					epth of water a vessel draws re in length and all sailboats in.			
☐ I certify the vessel listed above ha	s previously be	en hranded a	l ac damaded	hull		ft.					nment (If known)		
☐ I certify the vessel listed above ha				nun.							,		
Vessel Type	s previously be		Hull Material		Dropuloi	on Type		Engin	o Drivo Tvr	oe Fuel			
□ Air Boat □ Inflatable B	oot 🗆						hrust □ Manual		Engine Drive Typ ☐ Inboard		lectric		
				-			eller □ Sail □ Inboard				iesel		
· ·				'						Jaid □ D			
	⊒ Plastic	berglass □ Wood □ Water					☐ Sterndrive		ther:				
☐ Houseboat ☐ Personal W	alercrail										uici.		
☐ Other:	☐ Other:				pecify)	☐ Oth	Other:		(Cassifu)				
(Specify) Primary Operation			(3	Specify)					(Specif	/)	(Specify)		
□ 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 Shrimp Recip. ☐ Dealer/Manut. 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													
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

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Section 5: LIEN	HOLDER INFORMATION	If applica	able)									
ELT Customer ☐ YES ☐ NO	☐ FEID/Suffix # ☐ DMV Account # ☐ DL/ID #, Sex and DOB				Lienholder'	s Pho	one Number (Volun	tary) L	ienholder's	Email <i>(Vol</i> u	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	Secured Party's Name Secured Party's Mailing Add				Iress City Sta					State	Zip Code	
Section 7: TRAN	NSFER TYPE (If applicable)										
If ownership has transferred, how and when was the vessel acquired? ☐ Inheritance ☐ Sale (Price: \$) ☐ Gift ☐ Repossession ☐ Court Order ☐ Other (Specify):												
Section 8: DEA	LER SALES TAX REPOR			RMA	TION (If app							
Florida Sales Tax	Sales Tax Registration Number Dealer License		License Number	Dat	ate of Sale Am		Amount of Tax	unt of Tax Dealer/Agen		ent Signature		
Year of Trade In	Make of Trade In		Title Number of Trade	In (If I	known) Vessel Identification Number of				Trade In			
Section 9: SALE	ES 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	lame of Applicant, Owner				Signature of Applicant, Owner						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 \square Spouse, \square Co-Owner or \square Heir(s)			Signature of Spouse, Co-Owner or Heir(s)						ate			
	of death the decedent wa									hereby re	leases all of	
Full Name of App	eir right, title, interest and claim as heir(s) at law, legatee(s), devise of Applicant					Signature of Applicant					ate	
Full Name of Ap	plicant				Signature of Applicant						Date	