

INFORMATION PACKET

MANUFACTURER'S CERTIFICATE OF ORIGIN (MCO) NEW VEHICLES

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). This is a NEW vehicle purchased from a licensed dealer.

Required Documents to apply for a Florida Title:

1. The original MCO properly assigned to the purchaser.
2. A completed HSMV 82040, Application for Certificate of Title with/without Registration must be completed and signed by the purchaser(s).
3. An Odometer Disclosure Statement or the back of the MCO odometer disclosure section completed.
4. A Bill of sale. When a vehicle is registered to a Seminole County resident, a 6% sales tax will be due. Sales tax is collected on the sale price less the trade-in. Credit may be allowed for sales tax paid in another state.
5. Proof of Florida insurance: A Florida insurance card, policy, or binder.
6. If transferring a valid Florida license plate, submit a copy of the current Florida registration
7. Registration fees are determined by the vehicle weight, applicant's date of birth, usage, and license plate type.

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

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/

SEPARATE ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT

VEHICLE DESCRIPTION					
Vehicle Identification Number	Year	Make	Color	Body	Title Number
ODOMETER DISCLOSURE STATEMENT					

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 and/or imprisonment.

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

- CAUTION:**
Read carefully before checking a box.
- 1. REFLECTS ACTUAL MILEAGE.
 - 2. IS IN EXCESS OF ITS MECHANICAL LIMITS.(EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS)
 - 3. IS NOT THE ACTUAL MILEAGE. **WARNING – ODOMETER DISCREPANCY**

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		
Seller's Street Address				
City		State	Zip	

Buyer's Signature		Buyer's Printed Name		
Buyer's Street Address				
City		State	Zip	

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON WHO IS BUYING OR SELLING A MOTOR VEHICLE AND WHO MUST MAKE OR ACKNOWLEDGE AN ODOMETER DISCLOSURE, IN ORDER TO COMPLY WITH STATE OR FEDERAL ODOMETER DISCLOSURE LAW.

WHEN SHOULD THIS FORM BE USED?

1. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN SOLD.
2. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN PURCHASED.
3. WHEN AN ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT BETWEEN THE BUYER AND THE SELLER IS REQUIRED, BUT NO ODOMETER DISCLOSURE STATEMENT HAS BEEN MADE ON ANOTHER STATE OR FEDERAL FORM.

WHEN SHOULD THIS FORM NOT BE USED?

1. WHEN A FLORIDA TITLE WHICH WAS ISSUED ON OR AFTER APRIL 29, 1990 IS AVAILABLE.
2. WHEN A FORM HSMV 82994, MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT, HAS BEEN USED.
3. WHEN A FORM HSMV 82995, MOTOR VEHICLE DEALER POWER OF ATTORNEY/ODOMETER DISCLOSURE, HAS BEEN USED.
4. WHEN AN OUT-OF-STATE TITLE, WHICH CONFORMS TO FEDERAL LAW, IS USED TO TRANSFER A MOTOR VEHICLE.

FILING:

1. COPIES SHOULD BE EXCHANGED BETWEEN THE SELLER AND THE BUYER. DEALERS MUST RETAIN THIS DOCUMENT IN THEIR RECORDS FOR A PERIOD OF FIVE YEARS.
2. IT IS NOT NECESSARY TO FILE THIS FORM OR ANY COPY OF THIS FORM WITH THE STATE OF FLORIDA, UNLESS REQUESTED TO DO SO BY THE DIVISION OF MOTORIST SERVICES.

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		Current Title Issue Date	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)

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.

WE STATE THAT THIS MOTOR VEHICLE'S 5 DIGIT OR 6 DIGIT ODOMETER NOW READS , .xx
(NO TENTHS) MILES, DATE READ ____/____/____, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:

1. REFLECTS THE ACTUAL MILEAGE. 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. 3. IS NOT THE ACTUAL MILEAGE.

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/>



APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE 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

Off-Highway Vehicle Type: All-Terrain Vehicle (ATV)

Recreational Off-Highway Vehicle (ROV)

Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number		Fleet Number		Unit Number		Owner's County of Residence		
Owner Details:		Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO		
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")				Select, if applicable: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy by the Entirety <input type="checkbox"/> 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)		Sex	Date of Birth
FL DL/ID or FEID/Suffix Number	Owner's Mailing Address			City		State	Zip Code	
Owner's Residential Street Address				City		State	Zip Code	
Mail To Customer Name (If different from above owner)			Mail To's Phone Number (Voluntary)		Mail To's Email (Voluntary)		Sex	Date of Birth
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)			City		State	Zip Code	
Co-Owner Details:		Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)			Co-Owner's Phone Number (Voluntary)		Co-Owner's Email (Voluntary)		Sex	Date of Birth
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address			City		State	Zip Code	
Co-Owner's/Lessee's Residential Street Address				City		State	Zip Code	

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN)		Florida Title Number		License Plate Number		Previous State of Issue	
Make/Manufacturer	Model	Year	Body	Color	Weight	GVW	BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other		Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric					

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

Assembled from Parts Autonomous Bonded Title Custom Electric Flood Glider Kit ILEV Kit Car
 Long Term Lease Manuf. Buy Back Police Veh. Private Use Rebuilt Replica Short Term Lease Street Rod Taxicab

Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB	Lienholder's Phone Number (Voluntary)		Lienholder's Email (Voluntary)		
Date of Lien	Lienholder's Mailing Address		City		State	Zip Code
Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.)			<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the motor vehicle title to the owner and sign here: _____			

Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle acquired? Inheritance Date Acquired: ____/____/____
 Sale (Price: \$ _____ . ____) Gift Repossession Court Order Other (Specify): _____

Section 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 5 or 6-digit odometer now reads .xx miles. Date Read: ____/____/____.
(No tenths)

I/we hereby certify that to the best of my/our knowledge the odometer reading:
 1. REFLECTS ACTUAL MILEAGE. 2. IS NOT THE ACTUAL MILEAGE. 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.



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:			<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	Signature: _____
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____	
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)	
The purchase of a recreational vehicle to be offered for rent as living 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:	
<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> 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:	
<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Transfer between a married couple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Even trade or trade down _____ <i>(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)</i>	

Section 10: REPOSSESSION DECLARATION
<input type="checkbox"/> 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:
<input type="checkbox"/> I certify that the certificate of title is lost or destroyed.
<input type="checkbox"/> The vehicle identified will not be operated on the streets and highways of this state until properly registered.
<input type="checkbox"/> 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 _____.		
<i>(Name of deceased)</i> <i>(Date)</i>		
<input type="checkbox"/> Testate (with a will) <input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below. <input type="checkbox"/> 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.		
<i>(More than one form HSMV 82040 may be used for additional signatures.)</i>		
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