



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

**APPLICATION FOR CERTIFICATE OF MOBILE HOME 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  Reinstate Retired Title **Request to print Certificate of Title:**  No  Yes: In office  Yes: Mailed

Section 1: OWNER/APPLICANT INFORMATION				
Customer Number		Unit Number		Owner's County of Residence
<b>Owner Details:</b>	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
FL DL/ID or FEID/Suffix Number	Owner's Mailing Address		City	State
Owner's Residential Street Address		City	State	Zip Code
Mobile Home Physical Street Address		<input type="checkbox"/> Check if Rental Park has 10 or more lots	City	State
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)		City	State
<b>Co-Owner Details:</b>	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
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address		City	State
Co-Owner's/Lessee's Residential Street Address		City	State	Zip Code

Section 2: MOBILE HOME DESCRIPTION			
(More than one form HSMV 82040 may be used for VIN and Title Numbers)			
Vehicle Identification Number (VIN)		Florida Title Number	Previous State of Issue
Make/Manufacturer		Year	Body
			Length ft. in.

Section 3: 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
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 mobile home title to the owner and sign here: _____	

Section 4: TRANSFER TYPE (If applicable)	
If ownership has transferred, how and when was the mobile home acquired? <input type="checkbox"/> Sale (Price: \$ _____ . ____ ) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____	Date Acquired: _____ / _____ / _____

Section 5: DEALER SALES TAX REPORT AND MOBILE HOME 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	



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Section 6: SALES TAX EXEMPTION CERTIFICATION (If applicable)

I certify the mobile home described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

Form with checkboxes for exemption certificate and rental use, and fields for exemption and registration numbers.

I hereby certify that ownership of the mobile home described on this application, is not subject to Florida Sales and Use Tax for the following reason:

Form with checkboxes for inheritance, gift, divorce, transfer, and other reasons, plus a field for explanation.

Section 7: REPOSESSION DECLARATION (If applicable)

Form with checkboxes for repossession upon default and vacant status.

Section 8: NON-USE AND OTHER CERTIFICATIONS (If applicable)

Form with text and checkboxes for lost title, real property classification, and other certifications.

Section 9: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the VIN. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Table for signatures and dates of Applicant, Owner, and Co-Owner.

Section 10: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)

The undersigned person(s) state(s) that [Name of deceased] died on [Date].

Form with checkboxes for testate and intestate, and a field for heir(s) name.

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

Table for signatures and dates of Spouse, Co-Owner, or Heir(s).

That at the time of death the decedent was owner of the mobile home 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 mobile home to:

Table for signatures and dates of Applicant.