



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 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: VESSEL DESCRIPTION

Hull (Vessel) Identification Number (HIN)		<input type="checkbox"/> HIN is needed (Vessel does not have a HIN)	Florida Title Number		FL/DO Number		Renewal of Number <input type="checkbox"/> YES <input type="checkbox"/> NO		State of Principal Use	
Make/Manufacturer		Model		Year	Weight	Length ft. in.		Draft of Vessel (The depth of water a vessel draws.) For all vessels 26' or more in length and all sailboats. ft. in.		
<input type="checkbox"/> I certify the vessel listed above has previously been branded as a damaged hull. <input type="checkbox"/> I certify the vessel listed above has previously been branded as: Specify: _____								State of brand assignment (If known)		
Vessel Type			Hull Material			Propulsion Type		Engine Drive Type		Fuel
<input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Pontoon <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Paddle Craft <input type="checkbox"/> Sailboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Other: _____ (Specify)			<input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____ (Specify)			<input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other: _____ (Specify)		<input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Sterndrive <input type="checkbox"/> Other: _____ (Specify)		<input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____ (Specify)
Primary Operation										
<input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Oyster		<input type="checkbox"/> Commercial Charter Fishing <input type="checkbox"/> Commercial Passenger Carrying <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Shrimp Recip.		<input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Dealer/Manuf. Demonstration		<input type="checkbox"/> Exempt <input type="checkbox"/> Government <input type="checkbox"/> Hire (Livory) <input type="checkbox"/> Recreational (Pleasure)		<input type="checkbox"/> Recreational Rent or Lease <input type="checkbox"/> Commercial Other: _____ (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 Registration Number		Previous State of Issue		Previous Registration Number	
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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

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Section 5: 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 vessel title to the owner and sign here: _____		

Section 6: SECURITY INTEREST

I certify that the vessel listed above has security interests. (More than one form HSMV 82040 may be used for additional secured parties.)

Secured Party's Name	Secured Party's Mailing Address	City	State	Zip Code
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Section 7: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the vessel acquired? Inheritance Sale (Price: \$ _____) Gift Repossession Court Order Other (Specify): _____

Date Acquired: _____ / _____ / _____

Section 8: DEALER SALES TAX REPORT AND VESSEL 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)	Vessel Identification Number of Trade In	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)

I certify the recreational 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 Vessel will be used exclusively for rental.

Consumer's Certificate of Exemption Number: _____ Sales Tax Registration Number: _____

I hereby certify that ownership of the 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 Other: _____

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.)

Section 10: REPOSESSION DECLARATION

I certify that this vessel 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:

I certify that the certificate of title is lost or destroyed.

The vessel identified will not be operated on the waters of this state until properly registered.

Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the HIN. (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 _____.

(Name of deceased) (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.)

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 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 vessel to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date