



**INFORMATION NOTICE**

**DIVISION OF MOTORIST SERVICES**

<b>DATE: 06/26/23</b>	<b>Information Notice (INFO) INFO 23-023</b>
<b>SUBJECT: Updates to Form HSMV 82040 Application for Certificate of Title</b>	

**Overview:**

In compliance with [Sections 328.015](#) and [328.0015, Florida Statutes](#), and [33 CRF § 174, Subpart A](#), the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) has updated Form HSMV 82040 Application for Certificate of Title With/Without Registration. As of July 1, 2023, HSMV 82040 has been updated into three separate forms:

- HSMV 82040 MV - Application for Certificate of Motor Vehicle Title – [HSMV 82040 MV](#)
- HSMV 82040 VS - Application for Certificate of Vessel Title – [HSMV 82040 VS](#)
- HSMV 82040 MH - Application for Certificate of Mobile Home Title – [HSMV 82040 MH](#)

Effective July 1, 2023, all certificates of Florida titles issued for vessels will be required to be processed using Form HSMV 82040 VS – Application for Certificate of Vessel Title. The signed Form HSMV 82041 will no longer be accepted in lieu of Form HSMV 82040 VS.

FLHSMV anticipates accepting the current HSMV 82040 - Application for Certificate of Title With/Without Registration for Motor Vehicles and Mobile Homes titles until December 31, 2023.

Effective January 1, 2024, all certificate of Florida titles issued for motor vehicles and mobile homes will be required to be processed using Forms HSMV 82040 MV – Application for Certificate of Motor Vehicle Title and HSMV 82040 MH – Application for Certificate of Mobile Home Title.

## Details:

HSMV 82040 Application for Certificate of Motor Vehicle Title, Section 2, has been updated to solely reflect Motor Vehicle Description. This form should be used as the application for certificate of title for the following vehicle types:

- AU – Auto
- BS – Bus
- MC – Motorcycle
- OH – Off-Highway
- TO – Tools
- TR – Truck
- TT – Travel Trailers
- VT – Vehicle Trailers

HSMV 82040 Application for Certificate of Vessel Title, Section 2: Vessel Description, Section 3: Out-of-State/Out-of-Country Certification, Section 4: Documented/Foreign-Documented Vessel Certification, and Section 6: Security Interest have been updated.

This form should be used as the application for certificate of title for the following vehicle type: VS – Vessel.

Section 2: Vessel Description has been updated to include the following fields:

- Hull (Vessel) Identification Number (HIN)
- HIN is needed (Vessel does not have a HIN), Checkbox
- Renewal of Number, Yes or No Checkboxes
- State of Principal Use
- “I certify the vessel listed above has previously been branded as a damaged hull.”, Checkbox
- “I certify the vessel listed above has previously been branded as: Specify:”
- State of brand assignment (if known)
- Previous field “Type” has been updated to “Vessel Type”, the following options have been added to Vessel Type:
  - Paddle Craft
  - Rowboat
- The Hull Material field has been updated with the following options added:
  - Rubber/Vinyl/Canvas
  - Plastic
- The Propulsion Type field has been updated with the following options added:
  - Air Thrust
  - Water Jet
  - Propeller
  - Manual
- Engine Drive Type field has been added with the following options:
  - Inboard
  - Pod Drive
  - Inboard/Outboard
  - Sterndrive

- Previous field “Use of Vessel” has been updated to “Primary Operation”, the following options have been added to Primary Operation:
  - Commercial Charter Fishing
  - Commercial Passenger Carrying
  - Recreational Rent or Lease

Section 3: Out-of-State/Out-of-Country Certification has been added to the Application with the following fields:

- The vessel listed above has previously been titled or registered out-of-state. Checkbox.
- The vessel listed above has previously been titled or registered out-of-country. Checkbox.
- Previous State of issue
- Previous Registration Number

Section 4: Documented/Foreign-Documented Vessel Certification has been added to the Application with the following fields:

- “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.) Checkbox.
- U.S Coast Guard Release Documentation Form is attached. Checkbox.
- Copy of Canceled Documentation Papers/Record is attached. Checkbox.

Section 6: Security Interest has been added to the Application with the following fields:

- “I certify that the vessel above has security interest. (More than one form HSMV 82040 may be used for additional secured parties.) Checkbox.
- Secured Party’s Name
- Secured Party’s Mailing Address
- City
- State
- Zip Code

HSMV 82040 Application for Certificate of Mobile Home Title, Section 2, has been updated to solely reflect Mobile Home Description. This form should be used as the Application for Certificate of Title for the following Vehicle Type: MH – Mobile Home.

**Conclusion:**

Below are samples of the forms: HSMV 82040 Application for Certificate of Motor Vehicle Title, HSMV 82040 Application for Certificate of Vessel Title, and HSMV 82040 Application for Certificate of Mobile Home Title.

If you need additional information, please contact your next level of management or the Field Support Center.



**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		
<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	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	
<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	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. <b>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.</b>			
<b>I, the undersigned, certify that I have physically inspected the above-described vehicle:</b>			
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)	
<b>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:</b>	
<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		
<b>I/We physically inspected the VIN.</b> (More than one form HSMV 82040 may be used for additional signatures.)		
<b>Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</b>		
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> <span style="float: right;"><i>(Date)</i></span>		
<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.		
<b>Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</b> (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
<b>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:</b>		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date



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

Form section for owner/apPLICANT information including fields for Customer Number, Fleet Number, Unit Number, Owner's County of Residence, Owner Details, and Co-Owner Details.

Section 2: VESSEL DESCRIPTION

Form section for vessel description including fields for Hull (Vessel) Identification Number (HIN), Florida Title Number, FL/DO Number, Renewal of Number, State of Principal Use, Make/Manufacturer, Model, Year, Weight, Length, Draft of Vessel, and Primary Operation.

Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION

Form section for out-of-state/out-of-country certification including fields for Previous State of Issue and Previous Registration Number.

Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

Form section for documented/foreign-documented vessel certification including a statement about documentation.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

**APPLICATION FOR CERTIFICATE OF VESSEL TITLE**

**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





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
Date of Birth		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		Co-Owner's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's Phone Number (Voluntary)
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	



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

**APPLICATION FOR CERTIFICATE OF MOBILE HOME TITLE**

**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:**

<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate Consumer's Certificate of Exemption Number: _____	<input type="checkbox"/> Mobile home will be used exclusively for rental. Sales Tax Registration Number: _____
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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:

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 7: REPOSSESSION DECLARATION (If applicable)**

I certify that this mobile home was repossessed upon default in the terms of the lien instrument and is now in my possession.  
 I certify that this mobile home is vacant and does not currently have utilities turned on.

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

If checked, the following certifications are made by the applicant:

I certify that the certificate of title is lost or destroyed.  
 I certify that the mobile home or recreational vehicle-type unit is classified as real property and an "RP" and I have informed the property appraiser of the county wherein the mobile home or recreational vehicle-type unit is to be located of the intended site of the mobile home or recreational vehicle-type unit.  
 Other: *(Explain)* \_\_\_\_\_

**Section 9: 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 10: 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 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:**

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