

### 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: Mail									☐ Yes: Mailed			
Section 1: OWNER/APPLICANT INFORMATION												
Customer Number	Fleet Num	ber		Unit Number			Owner's County of Reside					
Owner Details: Are you a Florid	da Resident? I	□ YES □ NO	Are you a l	JS Citizen?	YES 🗆	NO Are	e you de	eaf or hard	of hearing?	? (Voluntary	) 🗆 YES 🗆 NO	
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         When joint ownership, please indicate if "or" or "and" is to be shown on title when issued.       Select, if applicable:       DLife Estate/Remainder 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			City	City				Zip Code				
Owner's Residential Street Address			City	City				Zip Code				
Mail To Customer Name (If different fro	Mail To (Volunta	's Phone Nun ry)	Mail To's Email (Voluntary)				Sex	Date of Birth				
FL DL/ID or FEID/Suffix Number	from above ma	above mailing address)			City				Zip Code			
Co-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												
☐ Co-Owner or ☐ Lessee's Name a (First, Full Middle/Maiden, & Last Name)	ise Co-Owi	Co-Owner's Phone Number (Voluntary)			Co-Owner's Email (Voluntary)			Sex	Date of Birth			
FL DL/ID or FEID/Suffix Number	g Address	iress			City			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 no	odod Florida	Florida Title Number FL			/DO Number Renewal			of Number State of		
(Vessel does not have a HIN)				Tionad Title Ttamber						S □ NO	Principal Use	
Make/Manufacturer	Model Yea			r Weight						epth of water a vessel draws.) re in length and all sailboats. in.		
☐ I certify the vessel listed above ha	e previouely be	en branded s	as a damage	l bull		14.					nment (If known)	
☐ I certify the vessel listed above ha				a Hull.					Clate of bi	ana assigi	intent (ii known)	
Vessel Type	s previously be		Hull Material		Propulsi	on Type		Engin	e Drive Typ	oe Fuel		
□ Air Boat □ Inflatable B	oot 🗆								, ,		lectric	
									iesel			
'				· ·			_			□G		
	⊒ Plastic	actio					<ul><li>□ Pod Drive</li><li>□ Sterndrive</li></ul>		oas Other:			
											ulei.	
□ Other: □ □ Oth							pecify)	☐ Oth	☐ Other:		(Specific)	
(Specify) Primary Operation			(	(Specify)					(Specif	<i>y)</i>	(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.												
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 <b>out-of-state</b> . □ The vessel listed above has previously been titled or registered <b>out-of-country</b> .  Previous State of Issue												
Previous State of Issue Previous	ous Registratio	on Number		Previou	ıs State o	or issue	Pr	evious Re	gistration N	umper		
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												



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Section 5: LIEN	HOLDER INFORMATION	If applica	able)									
ELT Customer  ☐ YES ☐ NO	□ FEID/Suffix # □ DMV	Lienholder's Phone Number (Voluntary) Lienholder's Email						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 Mailin	Secured Party's Mailing Address			City			State	Zip Code			
Section 7: TRAN	NSFER TYPE (If applicable	)										
If ownership has ☐ Sale (Price: \$_	transferred, how and when ) □ Gi				ritance □ Other <i>(Spe</i>	ecify):			Date Acq	uired: /_		
Section 8: DEA	LER SALES TAX REPOR			RMA	TION (If app							
Florida Sales Tax			License Number Dat		te of Sale An		mount of Tax Dealer		r/Agent Signature			
Year of Trade In	Make of Trade In	Make of Trade In Title Number of Trade In (h			(f known) Vessel Identification Number of Trade In							
Section 9: SALE	S 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.							
Consumer's Certificate 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:				<del> </del>	
□ Even trade o	r trade down						<del> </del>		<del> </del>			
			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 Applicant, Owner					Signature of Applicant, Owner					D	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	<b>l</b> .					
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 □ Spouse, □ Co-Owner or □ Heir(s)			Signature of	ise, Co-Owner or	Owner or Heir(s)			ate				
	of death the decedent wa									hereby re	leases all of	
	her/their right, title, interest and claim as heir(s) at law, legatee(s), devise Name of Applicant					Signature of Applicant					ate	
Full Name of Applicant						Signature of Applicant						