



INFORMATION ON APPLYING FOR A FLORIDA TITLE AND PURCHASING OR TRANSFERRING A FLORIDA LICENSE PLATE

In response to your request, enclosed is an application for a Florida certificate of title (form HSMV 82040 MV, MH, and VS) along with a License Plate Rate Chart (form HSMV 83140) which will assist you with purchasing or transferring a Florida license plate.

The application for title must be completed using first name, middle/maiden name and last name (name on application must correspond with name on the proof of ownership). A residential or business street address in Florida must be provided unless the applicant is a resident and an active-duty member of the Armed Forces of the United States. A post office box address is not acceptable unless the applicant is a resident and an active-duty member of the Armed Forces of the United States.

Enter the date of birth and sex of the registered owner and co-owner (when applicable) in the spaces provided on the application. If purchasing a license plate, the registration period begins the first day of the birth month of the registered owner who is listed first on the application. See form HSMV 83140, page 3, Section I, for additional information.

Enter the Florida driver license number, Florida identification card number, or federal employer identification number of the owner and co-owner (when applicable) in the space(s) provided on the application. A driver license number is not required for vehicles not owned by a natural person. The application(s) must provide proof of his/her identity (driver license, identification card, etc.), including proof of identity for any individual signing as an authorized agent for a company/business, when applicable.

The vehicle identification number (VIN) on all used vehicles brought from out-of-state must be physically verified. The VIN verification section (#8) on the form HSMV 82040 MV must be completed.

The application for title must be accompanied by acceptable proof of ownership. For acceptable proofs, see page 4, item 16 on the enclosed form 83140. Proof of ownership must be in the name of the applicant or properly assigned to the applicant. The original proof of ownership will be retained.

License plates for private passenger cars and light weight trucks (under 5000 pounds) are transferable to similar lesser weight vehicles without additional tax or transfer fees. See form HSMV 83140, page 4, for the calculation of fees.

For sales tax on the purchase price of the vehicle may be due. Use the enclosed form 83140 (see page 3, Section IV) to determine the sales tax due. Any declaration and /or exemption regarding sales tax on a vehicle must be recorded on the reverse side of the form HSMV 82040 MV, MH, or VS. An exemption from the payment of sales tax may apply when a member of the United States military, who is a permanent Florida resident, stationed outside Florida, purchases a motor vehicle or vessel outside of Florida and titles and registers the motor vehicle or vessel in Florida. The military member must provide an affidavit declaring this exemption. A sample affidavit is enclosed for your convenience.

In addition to Florida sales tax, there may be a discretionary sales tax imposed by the county to a resident of that county. The discretionary sales surtax is based on the first \$5,000 of the purchase price. Refer to the enclosed material for participating counties. The maximum total sales tax and discretionary sales tax to be collected on a vessel is \$18,000.

The Hope Scholarship Program provides a public-school student who was subjected to an incident of violence or bullying at school the opportunity to apply for a scholarship to attend an eligible private school. You may designate \$105 per vehicle to an eligible nonprofit scholarship-funding organization participating in the program. If the state sales tax due is less than \$105 you may designate the amount of state sales tax due. Complete the Hope Scholarship Program Contribution Election Form (DR-HS1) in this packet.

When applying for registration, proof of Personal Injury Protection (PIP) insurance and Liability insurance is required. You may complete and submit the enclosed Florida Insurance Affidavit, form HSMV 83330, or submit a copy of your Florida insurance identification card, policy, or binder. Note that Florida military members stationed outside of Florida who are exempt from providing proof of Florida insurance should refer to the enclosed "Military Insurance Exemption Information." Your application and required documentation must be submitted to the Florida tax collector's office in your county of residence. For additional information, contact the tax collector's office (list of offices enclosed) or call the Customer Service Center at 850-617-2000. You may also visit the department's website at <https://www.flhsmv.gov/>.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

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					
Co-Owner or 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	Length Ft. ___ In ___	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)									
<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car	<input type="checkbox"/> Long Term Lease
<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> 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? <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 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 <input type="checkbox"/> 5 or <input type="checkbox"/> 6-digit odometer now reads _____ , _____ .xx miles. (No tenths)					Date Read: _____ / _____ / _____.				
I/we hereby certify that to the best of my/our knowledge the odometer reading: <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS NOT THE ACTUAL MILEAGE. <input type="checkbox"/> 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 (<i>Stamp or Seal</i>)
<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 (<i>state agencies, counties, etc.</i>) 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: (<i>explain</i>) _____

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



APPLICATION FOR CERTIFICATE OF MOBILE HOME TITLE

Please submit this form to your local tax collector office or license plate agency.

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
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
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
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
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	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 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"/> Inheritance <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 VESSEL TITLE

Please submit this form to your local tax collector office or license plate agency.

http://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/applcant 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 Identification Number (HIN), Florida Title Number, FL/DO Number, Make/Manufacturer, Model, Year, Weight, Length, Draft of Vessel, and Vessel Type.

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 of certification and options for 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				
<input type="checkbox"/> 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

Section 7: TRANSFER TYPE (If applicable)				
If ownership has transferred, how and when was the vessel acquired? <input type="checkbox"/> Inheritance			Date Acquired:	
<input type="checkbox"/> Sale (Price: \$ _____ . _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____			_____/_____/_____	

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:				
<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate		<input type="checkbox"/> 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:				
<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 _____ (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				
<input type="checkbox"/> 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:				
<input type="checkbox"/> I certify that the certificate of title is lost or destroyed.				
<input type="checkbox"/> The vessel identified will not be operated on the waters of this state until properly registered.				
<input type="checkbox"/> 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)
<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. (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

MILITARY INSURANCE EXEMPTION INFORMATION

The exemption for providing proof of Florida insurance applies in the following circumstances:

- ❖ U.S. ARMED FORCES MEMBER.
- ❖ THE SPOUSE OF THE U.S. ARMED FORCES MEMBER WHO RESIDES WITH THE U.S. ARMED FORCES MEMBER; AND
- ❖ THE U.S. ARMED FORCES MEMBER OR THE U.S. ARMED FORCES MEMBER'S SPOUSE AND THEIR DEPENDENT CHILD/CHILDREN.

All of the following are required:

1. An out-of-state mailing address (which will be shown on the Florida Vehicle Registration Certificate) for the military member.
 - A copy of the military orders for all original registrations. This is also acceptable proof for renewals.

or

 - For renewals, the military member's military ID. If an ID is presented as proof of military assignment, it must not contain the word "retired". Retired military members living in Florida are considered Florida residents and as such must comply with Florida insurance requirements and have a Florida driver license.

or

 - An affidavit from the military member confirming the member's military assignment to another state and the date of assignment. (See Exhibit F).

and
2. An affidavit stating the vehicle is being maintained in the member's state of military assignment and will not be driven in the state of Florida, except in a transient visitor status (See Exhibit F).
3. Proof of insurance as described in Verification: A. Acceptable Forms of Proof on pages three and four of this procedure. If proof of insurance is submitted in a language other than English, it must be accompanied by a written translation into the English language.

**Certificate for Florida Resident Who is an Active-Duty U.S. Military Member
Currently Stationed in a State Other Than Florida**

AFFIDAVIT

I _____, am an active-duty military member who maintains the
(Name of Active-Duty Military member)

motor vehicle/vessel listed below while stationed outside of Florida:

(Year) (Make of Vehicle/Vessel) (Vehicle/Vessel identification Number)

I am certifying the following:

- The active-duty military member is a Florida resident who claims Florida as his/her home of record.
- The active-duty military member is currently residing outside of Florida pursuant to military orders effective _____ I am stationed in _____
(Date) (State)
- The active-duty military member has an out of state mailing address.
- The active-duty military member's vehicle is being maintained in the member's state of military assignment and will not be driven in the state of Florida, except in a transient visitor status.
- The active-duty military member is providing acceptable out of state proof of insurance for the vehicle shown above.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THIS DOCUMENT AND THE FACTS STATED IN IT ARE TRUE.

(Signature of Military Member or Spouse)

- ❖ U.S. ARMED FORCES MEMBER.
- ❖ THE SPOUSE OF THE U.S. ARMED FORCES MEMBER WHO RESIDES WITH THE U.S. ARMED FORCES MEMBER; AND
- ❖ THE U.S. ARMED FORCES MEMBER OR THE U.S. ARMED FORCES MEMBER'S SPOUSE AND THEIR DEPENDENT CHILD/CHILDREN.

A. LIST OF QUALIFYING MILITARY EXEMPTIONS:

1. I am a member of the U.S. Armed Forces (includes Navy, Army, Marines, Coast Guard Space Force, and Air Force), or his or her spouse or dependent child, who is not a Florida resident and is stationed in the state of Florida on military orders. Submit a copy of your military orders and out of state driver license.
2. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who is/was not a Florida resident and is stationed in the state of Florida on military orders and is now becoming a resident of Florida. Submit a copy of your military orders and Florida driver license.
NOTE: The prior non-resident member or his/her spouse or dependent child would qualify for this exemption even if the vehicle were not previously registered in Florida as a "Registration Only." Some members retain an out of state license plate for their vehicle from their state of residence while stationed in Florida.
3. I am a former member of the U.S. Armed Forces, or his or her spouse or dependent child. I purchased this motor vehicle while stationed outside Florida. I was not dishonorably discharged nor discharged for bad conduct. I was a resident of Florida at the time of enlistment and discharge and continue to be a resident of Florida. I am applying for registration within 6 months after discharge. Submit a copy of your Discharge Order (DD214) and Florida driver license.
4. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida. I have been reassigned by military orders to this state. Submit a copy of your military orders and Florida driver license.
5. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida and continue to be stationed outside of Florida. Submit a copy of your military orders and Florida driver license.
6. I am a resident of Florida and a spouse or dependent child of a member of the U.S. Armed Forces, who lost his/her life (submit proof of military death notification) or is listed as "Missing in Action" (MIA) (submit proof of MIA status).

NOTE: The member of the U.S. Armed Forces must have been a resident of Florida at the time of enlistment. Registration must occur within one (1) year of notification of death or MIA status.

B. THIS FORM SHOULD NOT BE USED WHEN:

1. The U.S. Armed Forces member is not a resident of Florida **AND** is not assigned by military orders to the state of Florida.
2. The U.S. Armed Forces member is dishonorably discharged or discharged for bad conduct.
3. You are a member of a uniformed service, but not the U.S. Armed Forces.

Visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>

STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTORIST SERVICES

SUBMIT TITLE AND REGISTRATION FORMS TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

License Plate Rate Chart

*** REFER TO ADDITIONAL FEE EXPLANATION (Page 2)

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	NET WEIGHT IN POUNDS	ANNUAL TAX AND OTHER FEES *		
Yes	01	Automobiles, private use	Thru 2499	\$ 27.60		
Yes	01	Automobiles, private use	2500-3499	35.60		
Yes	01	Automobiles, private use	3500 Up	45.60		
Yes	31	Trucks, private and commercial use	Thru 1999	27.60		
Yes	31	Trucks, private and commercial use	2000-3000	35.60		
Yes	31	Trucks, private and commercial use	3001-5000	45.60		
Yes	42	Chassis Mount Camper, unit affixed to truck chassis	Thru 4499	38.60		
Yes	42	Chassis Mount Camper, unit affixed to truck chassis	4500 Up	58.85		
Yes	42	Motor Home, living unit self-propelled	Thru 4499	38.60		
Yes	42	Motor Home, living unit self-propelled	4500 Up	58.85		
Yes	42	Private Motor Coach	Thru 4499	38.60		
Yes	42	Private Motor Coach	4500 Up	58.85		
**	52	Trailers, private use	Thru 500	18.35		
Yes	56	Trailers, drawn by "GVW " series truck-tractors		25.10		
Yes	62	Camp Trailers, constructed with folding walls		25.10		
No	70	Transporter		112.85		
Yes	77	Travel Trailer, up to 35 ft.		38.60		
Yes	96	Boy Scouts, Churches, etc.		15.60		
Yes	97	Exempt Government License Plates		9.80		
Yes	103	Permanent Semi-Trailer		101.80		
				Flat Rate		
TITLE REQUIRED	TAX CLASS	CLASSIFICATION	LENGTH IN FEET	ANNUAL TAX AND OTHER FEES*	HALF YEAR TAX AND OTHER FEES*	QUARTER YEAR TAX AND OTHER FEES *
Yes	51	Mobile Homes	Up to 35	25.10	15.10	10.10
Yes	51	Mobile Homes	36 thru 40	30.10	17.60	11.35
Yes	51	Mobile Homes	41 thru 45	35.10	20.10	12.60
Yes	51	Mobile Homes	46 thru 50	40.10	22.60	13.85
Yes	51	Mobile Homes	51 thru 55	45.10	25.10	15.10
Yes	51	Mobile Homes	56 thru 60	50.10	27.60	16.35
Yes	51	Mobile Homes	61 thru 65	55.10	30.10	17.60
Yes	51	Mobile Homes	66 & Up	85.10	45.10	25.10
No	65	Motorized and Disability Access Vehicles		24.10	17.35	15.60
Yes	65	Motorcycles		24.10	17.35	15.60
No	69	Mopeds, pedal activated (motor NOT in excess of 2 BHP)		19.10	17.35	17.35
No	71	Dealer's License Plates – Franchised, Independent, Trailer Coach, Motorcycle, or Marine Boat Trailer		55.60	27.80	13.90
Yes	76	Park Trailers, regardless of length		36.60	24.10	17.85
Yes	78	Travel Trailers	Over 35	36.60	24.10	17.85
Yes	80	Antiques - Motorcycle		21.60	14.85	13.10
Yes	92	School Buses (privately owned) and Regular Wreckers		52.60	32.10	21.85
Yes	92	Hearses and Ambulances		52.10	31.85	21.73
Yes	94	Tractor Cranes, Power Shovels, Well Drillers and other such vehicles, so constructed and designed as a tool and not a hauling unit, used on the roads and highways incidental to the purpose for which designed.		55.60	33.60	22.61
Yes	95	Antiques - Passenger Cars		20.60	15.48	15.35

License Plate Rate Chart (continued)

These categories are computed based on CWT (per each 100 pounds) and may be purchased for 12, 6, or 3 months. Add the flat tax plus \$1.50 per each 100 pounds to determine the annual tax amount. Then compute one-half or one-quarter of the Annual Tax, if applicable. Add service and other fees.

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	WEIGHT	ANNUAL TAX FLAT (per cwt)	SERVICE AND OTHER FEES *
**	54	Trailers, "For Hire"	Thru 1999 lbs.	\$ 3.50 + 1.50 +	11.60
Yes	54	Trailers, "For Hire"	2000 lbs. & up	13.50 + 1.50 +	11.60
Yes	09	Automobiles "For Hire"	Passengers up to 8	17.00 + 1.50 +	11.60

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	MONTHLY PRORATION OF TAX											
			GVW	12	11	10	9	8	7	6	5	4	3	2
Yes	39	Forestry Trk-Trac	359.15	332.15	305.15	278.15	251.15	224.15	197.15	170.15	143.15	116.15	89.15	62.15
Yes	41	Trk-Trac 5001-5999	72.35	67.29	62.23	57.16	52.10	47.04	41.98	36.91	31.85	26.79	21.73	16.66
Yes	41	Trk-Trac 6000-7999	99.35	92.03	84.73	77.41	70.10	62.79	55.48	48.16	40.85	33.54	26.22	18.92
Yes	41	Trk-Trac 8000-9999	114.60	106.02	97.43	88.85	80.27	71.68	63.10	54.52	45.93	37.35	28.77	20.18
Yes	41	Trk-Trac 10000-14999	139.60	129.77	119.93	110.10	100.27	90.43	80.60	70.77	60.93	51.10	41.27	31.43
Yes	41	Trk-Trac 15000-19999	198.60	183.85	169.10	154.35	139.60	124.85	110.10	95.35	80.60	65.85	51.10	36.35
Yes	41	Trk-Trac 20000-26000	272.60	251.68	230.77	209.85	188.93	168.02	147.10	126.18	105.27	84.35	63.43	42.52
Yes	41	Trk-Trac 26001-34999	345.60	318.60	291.60	264.60	237.60	210.60	183.60	156.60	129.60	102.60	75.60	48.60
Yes	41	Trk-Trac 35000-43999	426.60	392.85	359.10	325.35	291.60	257.85	224.10	190.35	156.60	122.85	89.10	55.35
Yes	41	* Trk-Trac 44000-54999	794.60	730.18	665.77	601.35	536.93	472.52	408.10	343.68	279.27	214.85	150.43	86.02
Yes	41	* Trk-Trac 55000-61999	937.60	861.27	784.93	708.60	632.27	555.93	479.60	403.27	326.93	250.60	174.27	97.93
* For GVW Wreckers 44,000-55,000 lbs., reduce the fee by \$1.00. * For GVW wreckers 55,000-62,000 lbs., reduce the fee by \$1.00.														
Yes	41	Trk-Trac 62000-71999	1101.60	1011.60	921.60	831.60	741.60	651.60	561.60	471.60	381.60	291.60	201.60	111.60
Yes	41	Trk-Trac 72000-80000	1343.60	1233.44	1123.26	1013.10	902.94	792.76	682.60	572.44	462.26	352.10	241.94	131.76
Yes	91	Antique Trk - 5000 lbs. Net W t.	20.60	19.98	19.35	18.73	18.10	17.48	16.85	16.76	16.76	16.76	16.76	16.76
Yes	93	Goats	19.10	18.48	17.85	17.23	16.60	15.98	15.35	15.26	15.26	15.26	15.26	15.26
Yes	102	Agri, Trk, Trac thru 43999	109.35	102.03	94.73	87.41	80.10	72.79	65.48	58.16	50.85	43.54	36.22	28.92
Yes	102	Agri, Trk, Trac 44000 - 80000	345.60	318.60	291.60	264.60	237.60	210.60	181.60	156.60	129.60	102.60	75.60	48.60

The categories below are computed based on CWT (per each 100 pounds) and may be monthly prorated. Add the flat fee plus the \$1.50 or \$2.00 amount, whichever applies, per each 100 pounds to determine the annual tax amount. Divide by 12 months to determine the tax per month. Then compute the tax by multiplying the monthly rate times the number of tax months due and add the service and other fees to determine the total amount.

TITLE REQUIRED	TAX CLASS	CLASSIFICATION	NET WEIGHT IN POUNDS	ANNUAL TAX FLAT (per cwt)	SERVICE AND OTHER FEES *
**	53	Trailers, Private Use	501 Up	\$ 3.50 + 1.00 +	11.60
Yes	36	Buses May be registered semi-annually for one-half of registration tax and \$2.50 semi-annual fee.	Passengers 9 Up	17.00 + 2.00 +	21.60

FEES: * \$.10 Emergency Medical Services \$1.00 Air Pollution Control \$ 2.80 Advanced Replacement
 \$ 0.50 Reflectorization \$1.00 Law Enforcement Radio System \$ 2.50 Accident Records
 \$ 0.50 FRVIS \$1.50 Transportation Disadvantaged \$ 2.50 Service Charge
 \$ 1.00 Juvenile Justice \$1.20 Surcharge for State Transportation \$10.00 State Transportation
 \$ 1.00 Decal on Demand

** Trailers through 1999 pounds, are NOT titled.

*** Add \$28.00 when metal license plate is to be issued.

Add \$225.00 Initial Registration Fee when applicable. Refer to License Plate Rates Instruction Sheet (page 3) for additional information.

LICENSE PLATE RATES INSTRUCTION SHEET

I. REGISTRATION PERIODS

The 12-month registration period begins the first day of the owner's birth month (Exceptions: Company owned vehicles use the month of June; truck-tractors, **semi-trailers and buses use a December birth month**). **Mobile homes use a January 1 begin date**. If the rate chart indicates annual, half year, and quarter year fee calculations, you must determine the number of months of tax required. To determine the number of months of tax required, start with the month the vehicle was purchased or subject to registration and count through the month prior to the owner's birth month. Three months or less requires the quarter year rate, four to six months requires the half-year rate, and over six requires the full year rate. (Example:

You purchased your vehicle in November and your birth month is June, count a total of seven months (November through May) and the full year rate would be required.

II. TRUCKS AND TRAILERS – WEIGHTS

For trucks weighing 5,000 lbs. or less, if the shipping weight is not available on the manufacturer's certificate of origin, **the net weight or actual scale weight in pounds with complete catalog equipment must be provided. A certified weight affidavit from a weighing station will meet this requirement.** The gross vehicle weight (GVW) as declared by the owner, is required on all truck-tractors and trucks weighing over 5000 pounds.

For heavy trucks with net weight of 5001-7999 lbs., GVW is calculated by adding the net weight of the truck and the truck's load. For heavy trucks with net weight of 8000 lbs. up and truck-tractors, the GVW is calculated by adding the net weight of the truck or truck-tractor and its load to the net weight of the trailer and its load.

III. INITIAL REGISTRATION FEE

Imposed upon the initial application for registration of private automobiles, trucks 5,000 lbs. or less and motor homes.

The \$225.00 Initial Registration Fee does not apply to:

- A. Any registration renewal transaction.
- B. A transfer or exchange of a registration license plate for a motor vehicle that has been disposed of to a newly acquired motor vehicle in compliance with Sections 320.0609(2) or (5), Florida Statutes.
- C. Any initial registration that occurs when a transfer of Florida title is processed between co-owners as provided by Section 319.22, Florida Statutes, or when a transfer of ownership by operation of law occurs as provided by Section 319.28, Florida Statutes. Additionally, the fee does not apply when the transfer of title occurs from a person to a member of that person's immediate family. Section 657.002, Florida Statutes, defines immediate family as parents, children, spouse, or surviving spouse of the member, or any other relative by blood, marriage, or adoption residing in the same household with the registered owner.
- D. The registration of a motor vehicle owned by and operated exclusively for the personal use of:
 - 1) Any member of the United States Armed Forces, or his/her spouse or dependent child, who is not a resident of this state and who is stationed in this state while in compliance with military orders.
 - 2) Any former member of the United States Armed Forces, or his/her spouse or dependent child, who purchased such motor vehicle while stationed outside of Florida, who has separated from the Armed forces and was not dishonorably discharged or discharged for bad conduct, who was a resident of this state at the time of enlistment and at the time of discharge, and who applies for registration of such motor vehicle within 6 months after discharge.
 - 3) Any member of the United States Armed Forces, or his/her spouse or dependent child, who was a resident of this state at the time of enlistment, who purchased such motor vehicle while stationed outside of Florida, and who is now reassigned by military order to this state.
 - 4) Any spouse or dependent child of a member of the United States Armed forces who loses his life while on active duty or who is listed by the Armed Forces as "missing-in-action." Such spouse or child must be a resident of this state and the serviceman must have been a resident of this state at the time of enlistment. Registration of such motor vehicle must occur within 1 year of the notification of the serviceman's death or of his status as "missing-in-action."
 - 5) Any member of the United States Armed Forces, or his/her spouse or dependent child, who was a resident of this state at the time of enlistment, who purchased a motor vehicle while stationed outside of Florida, and who continues to be stationed outside of Florida.
- E. The registration of any motor vehicle owned or exclusively operated by the state or by any county, municipality, or other governmental entity.
- F. The registration of a truck defined as a "goat", or any other vehicle when used in the field by a farmer or in the woods for the purpose of harvesting a crop, including naval stores, during such harvesting operations, and which is not principally operated upon the roads of this state. The "goats" are registered under "class code 93".
- G. The registration of an automobile or truck defined as "ancient" (the vehicle was manufactured in 1945 or earlier) or "antique" (the vehicle was manufactured beginning 1946 and of the age of 30 years or more after the date of manufacture), pursuant to s. 320.086(1) or (2), Florida Statutes.
- H. The initial registration fee shall not apply to any newly acquired vehicle, upon submission of an affidavit, indicating that the previous vehicle (not disposed of) is not operational, or is in storage, or will not be operated on the streets and highways of this state.

IV. SALES TAX

Florida law requires sales tax to be collected on the purchase price of a motor vehicle, mobile home, or vessel. In the case of a straight sale, six (6) percent tax will be collected on the total purchase price. Straight sales are those sales that do not involve a trade-in of a motor vehicle, mobile home, or vessel.

In the case of sales involving trade-ins, sales tax must be collected on the amount of the cash difference between the retail value of the trade-in, as covered in any official used motor vehicle, mobile home or vessel guide, and the sale price of the motor vehicle, mobile home, or vessel acquired. The trade-in motor vehicle, mobile home, or vessel may be provided by a third party other than the purchaser. The trade-in motor vehicle, mobile home, or vessel does not have to be titled in the name of the purchaser, to be used for trade-in credit, as long as the motor vehicle, mobile home or vessel trade-in and the motor vehicle, mobile home or vessel purchase are part of a single transaction.

In addition to the six (6) percent sales tax, some counties charge a local discretionary sales surtax. Discretionary surtax is calculated on motor vehicles, mobile homes, or vessels when the residence address of the purchaser on the certificate of title or registration is located within a discretionary surtax county. The discretionary sales surtax applies to the first \$5,000 of the sales price. For more information on the discretionary surtax, you may contact the Florida Department of Revenue or your Florida County Tax Collector's office.

Sales tax exemption information may be specified on an accurately completed form HSMV 82040, Application for Certificate of Title with/without Vehicle Registration.

CALCULATION OF FEES AND CHECK OFF LIST

ITEMS TO BE COMPLETED BEFORE SUBMITTING (see Tax Collectors Mailing List) YOUR REQUEST:		
1.	Enter the license plate fee from page 1 or 2. NOTE: A biennial registration may be issued by doubling the annual tax. Add both amounts and insert the total in the first space provided. If transferring a valid Florida license plate, see number six (6) below. Add \$28.00 when new metal license plate is to be issued. Add \$225.00 Initial Registration Fee, if applicable (See page 3, III). Add \$.50 branch fee if processing through a county branch office.	\$ _____ \$ _____ \$ _____ \$ _____
2.	Title fee (if applicable), enter \$75.25 for new vehicles, \$85.25 for vehicles previously registered in another state. Titles are not issued on trailers through 1,999 lbs., mopeds, or motorized bicycles. _____ If processing through a county branch office, add \$.50 branch fee.	\$ _____ \$ _____
3.	If recording a lien, enter \$2.00.	\$ _____
4.	If over 30 days from date of purchase, enter \$20.00 for a motor vehicle, \$10.00 for a vessel or off-highway vehicle.	\$ _____
5.	Enter a \$2.00 lemon law fee if application is for a new vehicle purchased or leased for one year or longer in Florida and is a passenger car or truck with a gross vehicle weight of 10,000 pounds or less (only applies to Florida Dealers and Leasing Companies).	\$ _____
6.	If transferring a valid Florida license plate to a replacement vehicle, enter \$4.10. If additional transfer fee required, enter \$4.50 (any license plate transferred to or from any vehicle other than a passenger automobile or truck under 5,000 lbs. will require a transfer fee in addition to the regular tax and fees indicated above).	\$ _____ \$ _____
7.	Enter mail fee (\$4.70 first class metal license plate; or for renewal decal \$.75).	\$ _____
8.	If sales tax is due, enter amount (refer to page 3, IV). If requesting a dealer license plate, enter annual use tax of \$27.00 per license plate.	\$ _____ \$ _____
9.	If requesting expedited title service: Add \$10.00 additional fee per application.	\$ _____
10.	If you are requesting the actual paper certificate of title to be mailed to you, add \$2.50. If you are requesting the title to be held electronically by the department, there is no fee. <u>This information must be specified in section 1 on your accurately completed form HSMV 82040, Application for Certificate of Title With/Without Registration.</u>	\$ _____
11.	If requesting a Personalized License Plate, enter the additional fee based on license plate type. * See below for more information.	\$ _____
12.	If requesting a Specialty License Plate, enter the additional fee based on license plate type as well as the \$5.00 processing fee. ** See below for more information.	\$ _____
13.	Amount due: Enter total of above lines 1-12.	\$ _____
<u>OWNER'S CHECK OFF LIST (CHECK EACH APPROPRIATE BOX. AFTER COMPLETION:)</u>		
14.	Enter the total from line 13 on your check/money order, made payable to your County Tax Collector.	<input type="checkbox"/>
15.	Proof of insurance enclosed (see attached Florida Insurance Affidavit and Military Insurance Exemption Information).	<input type="checkbox"/>
16.	Proof of ownership (documents will be retained by the Department):	<input type="checkbox"/>
a.)	New Cars: Manufacturer's certificate of origin from all states, except the State of Nevada, which also requires the dealer's report of sale form. Used Cars: (cars already titled/registered in another state): Certificate of title, if from a title state, or registration or other	
b.)	official document showing ownership must be submitted, if from a non-title state or foreign country.	
17.	All required application forms must be accurately completed and signed.	<input type="checkbox"/>

Additional fees are due for a personalized or specialty license plate.

* For Personalized License Plate fee information, see form HSMV 83043, Application for Personalized License Plate: <http://www.flhsmv.gov/dmv/forms/BTR/83043.pdf>.

** For Specialty License Plate information, visit the following website: <http://www.flhsmv.gov/dmv/specialtytags/>.

YOUR REQUEST WILL BE RETURNED UNPROCESSED, UNLESS YOU HAVE COMPLIED WITH ALL OF THE ABOVE INSTRUCTIONS.

Visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>

TAX COLLECTORS MAILING LIST

ALACHUA COUNTY
5830 NW 34TH Blvd.
Gainesville, FL. 32653
(352) 374-5263
Fax# (352) 955-6504

BAKER COUNTY
32 North 5th Street
MacClenny, FL. 32063
(904) 259-6880
Fax# (904) 259-2279

BAY COUNTY
P.O. Box 2285
Panama City, FL. 32402
(850) 248-8501
FAX# (850) 248-8541

BRADFORD COUNTY
P.O. Box 969
Starke, FL. 32091
(904) 966-6235
FAX# (904) 964-9063

BREVARD COUNTY
400 South Street, 6th Floor
Titusville, FL. 32780
(321) 264-6935
FAX# (321) 264-6995

BROWARD COUNTY
1800 NW 66th Avenue, Suite 100
Plantation, FL. 33313-4535
(954) 765-4697
FAX# (954) 321-1109

CALHOUN COUNTY
20859 Central Avenue E, RM.107
Blountstown, FL. 32424
(850) 674-8242
FAX# (850) 674-5116

CHARLOTTE COUNTY
18500 Murdock Circle
Port Charlotte, FL. 33948
(941) 743-1350
FAX# (941) 637-2276

CITRUS COUNTY
210 N. Apopka Avenue Suite 100
Inverness, FL. 34450-4261
(352) 341-6500
FAX# (352) 341-6513

CLAY COUNTY
P.O. Box 218
Green Cove Springs, FL. 32043
(904) 284-6320
FAX# (904) 278-4724

COLLIER COUNTY
3291 E. Tamiami Trail
Naples, FL. 34112
(239) 252-8177
Fax# (239) 774-9327

COLUMBIA COUNTY
135 NE Hernando Ave. Suite 125
Lake City, FL. 32055
(386) 758-1077
Fax# (386) 719-7460

MIAMI-DADE COUNTY
200 NW 2nd Avenue
Miami, FL. 33128
Fax# (305) 375-2871

DESOTO COUNTY
P.O. Box 729
Arcadia, FL. 34265
(863) 993-4861
Fax# (863) 993-4863

DIXIE COUNTY
P.O. Box 5040
Cross City, FL. 32628-5040
(352) 498-1213
Fax# (352) 498-1259

DUVAL COUNTY
231 E. Forsyth Street RM. 130
Jacksonville, FL. 32202
(904) 630-1916
FAX# (904) 630-7312

ESCAMBIA COUNTY
P.O. Box 1312
Pensacola, FL. 32591
(850) 438-6500 ex.3252
Fax# (850) 434-2733

FLAGLER COUNTY
P.O. Box 876
Bunnell, FL. 32110
(386) 313-4160
FAX# (386) 313-4161

FRANKLIN COUNTY
P.O. Drawer 188
Apalachicola, FL. 32329-0188
(850) 653-9323
FAX# (850) 653-2529

GADSDEN COUNTY
P.O. Box 817
Quincy, FL. 32353-0817
(850) 627-7255
FAX# (850) 875-8722

GILCHRIST COUNTY
P.O. Box 194
Trenton, FL. 33693
(352) 463-3178 FAX#
(352) 463-3177

GLADES COUNTY
P.O. Drawer 1589
Moore Haven, FL. 33471
(863) 946-6035
FAX# (863) 946-3295

GULF COUNTY
1000 Cecil G. Costin Sr. Blvd.R.100
Pt. St. Joe, FL. 32456
(850) 229-6116
FAX# (850) 229-9224

HAMILTON COUNTY
207 NE First Street, RM. 104
Jasper, FL. 32052
(386) 792-1284
FAX# (386) 792-0878

HARDEE COUNTY
P.O. Box 445
Wauchula, FL. 33873-0445
(863) 773-9144
FAX# (863) 773-9679

HENDRY COUNTY
P.O. Box 1780
Labelle, FL. 33975-1780
(863) 675-5280
FAX# (863) 674-4087

HERNANDO COUNTY
20 North Main Street, RM. 112
Brooksville, FL. 34601-2892
(352) 754-4180
FAX# (352) 754-4189

HIGHLANDS COUNTY
540 South Commerce Avenue
Sebring, FL. 33870-3767
(863) 402-6685
FAX# (863) 402-6709

HILLSBOROUGH COUNTY
P.O. Box 30009
Tampa, FL. 33630-3009
(813) 635-5200
FAX# (813) 612-6774

HOLMES COUNTY
224 North Waukesha Street
Bonifay, FL. 32425
(850) 547-1115
FAX# (850) 547-0202

INDIAN RIVER COUNTY
P.O. Box 1509
Vero Beach, FL. 32961-1509
(772) 226-1338
FAX# (772) 770-5009

JACKSON COUNTY
P.O. Box 697
Marianna, FL. 32447
(850) 482-9653
FAX# (850) 526-3821

JEFFERSON COUNTY
500 West Walnut
Monticello, FL. 32344
(850) 342-0147
FAX# (850) 342-0149

LAFAYETTE COUNTY
P.O. Box 96
Mayo, FL. 32066-0096
(386) 294-1961
FAX# (386) 294-2462

LAKE COUNTY
P.O. Box 327
Tavares, FL. 32778-0268
(352) 343-9602
FAX# (352) 253-6058

LEE COUNTY
P.O. Box 850
Ft. Myers, FL. 33902
(239) 533-6000
FAX# (239) 533-6095

LEON COUNTY
P.O. Box 1835
Tallahassee, FL. 32302
(850) 606-4700
FAX# (850) 606-4701

LEVY COUNTY
P.O. Box 250
Bronson, FL. 32621-0250
(352) 486-5172
FAX# (352) 486-5181

LIBERTY COUNTY
P.O. Box 400
Bristol, FL. 32321
(850) 643-2442
FAX# (850) 643-3755

MADISON COUNTY
229 SW Pinckney Street RM.102
Madison, FL. 32340
(850) 973-6136
FAX# (850) 973-3116

MANATEE COUNTY
819 301 Blvd. West
Bradenton, FL. 34205
(941) 741-4800
FAX# (941) 741-3584

MARION COUNTY
P.O. Box 1178
Ocala, FL. 34478
(352) 368-8200
FAX# (352) 368-8111

MARTIN COUNTY
3485 SE Willoughby Blvd.
Stuart, FL. 34994
(772) 288-5600
FAX# (772) 288-5975

MONROE COUNTY
P.O. Box 1129
Key West, FL. 33041
(305) 295-5000
FAX# (305) 295-5022

NASSAU COUNTY
86130 License Road, Suite 5
Fernandina Beach, FL. 32034
(904) 491-7400
FAX# (904) 432-0220

OKALOOSA COUNTY
701 E. John Sims Pkwy., Ste.
202
Niceville, FL. 32578
(850) 651-7300
FAX# (850) 678-5790

OKEECHOBEE COUNTY
307 NW Fifth Avenue #B
Okeechobee, FL. 34972-2571
(863) 763-3421
FAX# (863) 763-2426

ORANGE COUNTY
P.O. Box 545100
Orlando, FL. 32854
(407) 845-6200
FAX# (407) 254-1074

OSCEOLA COUNTY
P.O. Box 422105
Kissimmee, FL. 34742-2105
(407) 742-4000
FAX# (407) 742-3995

PALM BEACH COUNTY
P.O. Box 3715
West Palm Beach, FL. 33402-3715
(561) 355-2264
FAX# (561) 355-3944

PASCO COUNTY
P.O. Box 276
Dade City, FL. 33526-0276
(352) 521-4360
FAX# (352) 521-4275

PINELLAS COUNTY
P.O. Box 6288
Clearwater, FL 33758
(727) 464-7777 FAX#
(727) 453-3784

POLK COUNTY
P.O. Box 1189
Bartow, FL. 33831
(863) 534-4700 FAX#
(863) 534-4717

PUTNAM COUNTY
P.O. Drawer 1339
Palatka, FL. 32178-1339
(386) 329-0282
FAX# (386) 329-0284

ST. JOHNS COUNTY
P.O. Box 9001
St. Augustine, FL. 32085-9001
(904) 209-2250
FAX# (904) 209-2283

ST. LUCIE COUNTY
P.O. Box 308
Ft. Pierce, FL. 34954-0308
(772) 462-1650
FAX# (772) 462-1968

SANTA ROSA COUNTY
6495 Caroline Street, Suite E
Milton, FL. 32570
(850) 983-1800
FAX# (850) 623-8655

SARASOTA COUNTY
101 South Washington Blvd.
Sarasota, FL. 34236-6993
(941) 861-8300
FAX# (941) 861-8353

SEMINOLE COUNTY
P.O. Box 630
Sanford, FL. 32772-0630
(407) 665-1000
FAX# (407) 665-7922

SUMTER COUNTY
220 E. McCollum Avenue
Bushnell, FL. 33513
(352) 569-6740
FAX# (352) 569-6741

SUWANNEE COUNTY
215 Pine Avenue SW,
Suite A
Live Oak, FL. 32064
(386) 362-2816
FAX# (386) 330-2666

TAYLOR COUNTY
P.O. Box 30
Perry, FL. 32348
(850) 838-3517
FAX# (850) 838-3518

UNION COUNTY
55 W. Main St. Courthouse. RM. 108
Lake Butler, FL. 32054
(386) 496-3331
FAX# (386) 496-1842

VOLUSIA COUNTY
123 W. Indiana Avenue,
Room 103
Deland, FL 32720
(386) 254-4626
FAX# (386) 254-4638

WAKULLA COUNTY
P.O. Box 280
Crawfordville, FL. 32326-0280
(850) 926-3371
FAX# (850) 926-2035

WALTON COUNTY
P.O. Box 510
DeFuniak Springs, FL. 32435
(850) 892-8121
FAX# (850) 892-8079

WASHINGTON COUNTY
P.O. Box 1038
Chipley, FL. 32428-1038
(850) 638-6275
FAX# (850) 638-6067

Certificate of Entitlement for U.S. Military Service Personnel (Currently Stationed in a State Other Than Florida) Claiming an Exemption from Florida Sales Tax

I _____, am a military member who has purchased the
(Name of Military member)

motor vehicle/vessel listed below in _____ while stationed outside of
Florida:
(State)

(Year) (Make of Vehicle/Vessel) (Vehicle/Vessel identification Number)

I am certifying the following:

- I am a resident of the state of Florida.
- I am currently residing outside of Florida pursuant to military orders.
- The vehicle/vessel will be held outside of Florida for longer than 6 months.
- I will not bring the vehicle/vessel into the state of Florida within 6 months from the date of purchase, even for temporary reasons.
- I recognize that I owe tax to the state in which the motor vehicle was purchased unless a specific exemption applies.
- I do not intend to avoid sales or use tax in any state by registering the vehicle/vessel in Florida.

I understand that if I fraudulently issue this certificate to evade the payment of sales tax, I will be liable for payment of the sales tax plus a penalty of 200% of the tax and may be subject to conviction of a third-degree felony.

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

(Date)

(Signature of Military Member)

FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I _____ certify that I have
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability

Insurance currently in effect with _____ under
(Name of Insurance Company)

_____ covering the following motor vehicle:
(Policy Number) Company Code Number (5 digits)

_____ Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida. I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

Signature of Insured

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.



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Florida's Discretionary Sales Surtax

Florida's Discretionary Sales Surtax

Discretionary sales surtax is a sales tax imposed by most Florida counties. The surtax applies to most transactions subject to [sales or use tax](#). Discretionary sales surtax is also known as local option county sales tax. Sales tax dealers must collect discretionary sales surtax and the 6 percent state sales tax from the purchaser at the time of sale.

You must remit both taxes to the Department of Revenue. Revenue distributes the discretionary sales surtax collected back to the counties that levy the surtax. Counties use these funds to help pay for local authorized projects.

When Is a Transaction Subject to Surtax?

You must collect discretionary sales surtax when the transaction occurs in, or delivery is into, a county that imposes a surtax and the sale is subject to sales and use tax. Use the chart below to help you determine when to collect the surtax.

When and at What Rate to Collect Discretionary Sales Surtax (Local Option County Tax) on Taxable Sales

If a selling dealer located in any Florida county	with a discretionary surtax	sells & delivers	into the county where the selling vendor is located	surtax is collected at the county rate where the delivery is made
If a selling dealer located in any Florida county	with or without a discretionary surtax	sells & delivers	into counties with different discretionary surtax rates	surtax is collected at the county rate where the delivery is made
If a selling dealer located in any Florida county	with or without a discretionary surtax	sells & delivers	into counties without a discretionary surtax	surtax is not collected
If an out-of-state selling dealer		sells & delivers	into a Florida county with a discretionary surtax	surtax is collected at the county rate where delivery is made
If an out-of-state selling dealer		sells & delivers	into a Florida county without a discretionary surtax	surtax is not collected

[Get more information](#) about how to determine when a transaction occurs in a county imposing a surtax.

Tax Rates

The discretionary sales surtax rate depends on the county. Rates currently range from .5 percent to 1.5 percent. A few counties do not impose the surtax. [Form DR-15DSS](#) lists current discretionary sales surtax rates by county and is updated yearly in November.

Limit on Amount of Tax Charged

In many cases, there is a limit to the amount of tax charged. Discretionary sales surtax applies to the first \$5,000 of the sales amount on the sale, use, lease, rental, or license to use any item of tangible personal property. Tangible personal property is personal property that you can see, weigh, measure, or touch, or is in any manner perceptible to the senses, including electricity. The \$5,000 cap does **not** apply to rentals of real property, transient rentals, or services.

Filing and Paying Taxes

Selling dealers pay discretionary sales surtax along with sales and use tax on the Sales and Use Tax Return. You can [file and pay the tax and surtax](#) using Revenue's secure web application, or you may buy software from [software vendor](#). You can access the web application using your certificate number and business partner number or a Revenue-issued user ID and password. You must [enroll in our e-Services program](#) to receive a user ID and password. Enrollment has advantages: you can save your bank account and contact information, view your filing history, and reprint returns.

Resources

[Sales and use tax brochure.](#)

[Discretionary sales surtax brochure.](#)

[How to Calculate, Collect, and Report Your Discretionary Sales Surtax](#) [You may need to disable pop-up blockers for this site]

[Guide for Business Owners](#) contains detailed information about calculating sales and use tax and discretionary sales surtax, filing returns, and more.

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Hope Scholarship Program Contribution Election

The Hope Scholarship Program (Program) provides a public-school student who was subjected to an incident of violence or bullying at school the opportunity to apply for a scholarship to attend an eligible private school rather than remain in an unsafe school environment.

When you purchase or register a motor vehicle qualifying for the Program in Florida, you may designate \$105 per vehicle to an eligible nonprofit scholarship-funding organization participating in the Program. If the state sales tax due is less than \$105, you may designate the amount of state sales tax due. Your motor vehicle dealer, county tax collector, or private tag agent will remit your contribution to the organization and remit the remaining state sales tax and surtax to the Florida Department of Revenue.

Eligible contributions are used to fund scholarships for the Hope Scholarship Program. Contributions may also be used to fund scholarships for the Florida Tax Credit Scholarship Program, which provides a low-income student the opportunity to apply for a scholarship to attend an eligible private school.

To make your contribution to the Program, complete the following. Sign and date.

Eligible Nonprofit Scholarship-Funding Organization: Step Up for Students, Inc.		Contribution Amount (Lesser of \$105, or state sales tax due):	
Vehicle Owner's Name:			
Mailing Address:			
City:	State:	ZIP:	
Vehicle Co-Owner's Name:			
Mailing Address:			
City:	State:	ZIP:	
Vehicle Year:	Vehicle Manufacturer:	Vehicle Identification Number:	
Signature of Owner:			Date:
Signature of Co-Owner*:			Date:

* For vehicles purchased by more than one person, the signature of the owner and the co-owner is required when the owners' names are joined by "and" on the vehicle title or registration. When the owners' names are joined by "or" on the vehicle title or registration, the signature of one owner is required.

Motor vehicle dealers, county tax collectors, and private tag agencies: Retain this form in your records when a contribution to the Hope Scholarship Program is indicated on the form.

For use by motor vehicle dealer, county tax collector, or private tag agency.