

DROP OFF STEPS FOR TITLES

1) OUT OF STATE TITLE

- TITLE (IF PURCHASED MUST BE ENDORSED BY BOTH BUYER AND SELLER)
- BILL OF SALE (82050) IF DATE OF PURCHASE OR SELLING PRICE IS NOT LISTED ON TITLE OR IF PURCHASED WITHIN THE LAST SIX MONTHS) WE WILL NEED A COMPLETED BILL OF SALE **ATTACHMENT**
- TITLE APPLICATION (82040) COMPLETED **ATTACHMENT**
- VIN VERIFICATION (82042) COMPLETED BY LAW ENFORCEMENT OR NOTARY PUBLIC **ATTACHMENT**
- PROOF OF FLORIDA INSURANCE (COPY)
- DRIVERS LICENSE (COPY)
- BLANK CHECK ENDORSED TO "SUMTER COUNTY TAX COLLECTOR" – OR – THEY WILL BE REQUIRED TO PAY OVER THE PHONE USING A CREDIT CARD (2.5% CONVIENCE CHARGE)

2) FLORIDA TITLE

- TITLE (IF PURCHASED MUST BE ENDORSED BY BOTH BUYER AND SELLER)
- BILL OF SALE (IF DATE OF PURCHASE OR SELLING PRICE IS NOT LISTED ON TITLE OR IF PURCHASED WITHIN THE LAST SIX MONTHS) WE WILL NEED A COMPLETED BILL OF SALE) **ATTACHMENT**
- TITLE APPLICATION (82040) COMPLETED **ATTACHMENT**
- PROOF OF FLORIDA INSURANCE (COPY)
- DRIVERS LICENSE (COPY)
- BLANK CHECK ENDORSED TO "SUMTER COUNTY TAX COLLECTOR" – OR – THEY WILL BE REQUIRED TO PAY OVER THE PHONE USING A CREDIT CARD (2.5% CONVIENCE CHARGE)

Name: _____ Email Address: _____
Phone: _____

Payments accepted over the phone: Credit card (2.5% fee applies. \$2.50 minimum)
or E-Check (no fee)

Drop off payment: Blank check made out to "Randy Mask Sumter Tax Collector" must be left.

Transactions will be completed within 24 hours.

ITEMS WILL BE MAILED TO CUSTOMERS.

If a customer does not answer a phone call or make payment the same day services are rendered; the title will be voided and we will attempt to reprocess the following day.

FOR OFFICE USE ONLY:

Title: ___Mail ___ELT

Plate: ___TRANSFER/PLATE CREDIT ___NEW INITIAL REGISTRATION

Payment: ___CHECK ___CALL FOR PAYMENT

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION
 SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

CHECK APPLICATION TYPE: ORIGINAL TRANSFER VEHICLE TYPE: MOTOR VEHICLE MOBILE HOME VESSEL OFF-HIGHWAY VEHICLE: ATV ROV MC

1 OWNER / APPLICANT INFORMATION

Customer Number: _____

OR AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."
 If applicable: Life Estate/Remainder Person Tenancy By the Entirety With Rights of Survivorship Owner's County of Residence: _____

Are you a Florida resident? yes no Are you an alien? yes no

Owner: yes no Co-Owner: yes no

Unit Number: _____ Fleet Number: _____

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name): _____

Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name): _____

Owner's Mailing Address (Mandatory unless a member of the Military): _____

Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military): _____

Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military): _____

Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots: _____

Mail To Customer Name (If different From Above Owner): _____

Mail To Customer Address (If different From Above Mailing Address): _____

2 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

Vehicle/Vessel Identification Number: _____

Make/Manufacturer: _____ Year: _____ Body: _____ Color: _____ Florida Title Number: _____

Previous State of Issue: _____ License Plate or Vessel Registration Number: _____ Weight: _____ Length Ft.: _____ In.: _____ BHP/CC: _____ GVW/LOC: _____

TYPE: Open Motorboat Cabin Motorboat Auxiliary Sailboat Inflatable Houseboat Pontoon Airboat Sailboat

HULL MATERIAL: Wood Fiberglass Wood/Fiberglass Other _____

PROPULSION: Outboard Inboard Inboard/Outboard Other _____

FUEL: Gas Diesel Electric Other _____

USE OF VESSEL: Recreational (Pleasure) Dealer/Manuf. Exempt Commercial Blue Crab Commercial Fish Hire (Livery) Commercial Live Bait Commercial Mackerel Commercial Stone Crab Commercial Shrimp Recip. Commercial Shrimp Non-Recip. Government Commercial Charter Commercial Oyster Commercial Sponge Commercial Other _____

PREVIOUS OUT-OF-STATE REGISTRATION NUMBER: _____

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)

SHORT TERM LEASE ASSEMBLED FROM PARTS LONG TERM LEASE BONDED TITLE REBUILT KIT CAR POLICE VEHICLE GLIDER KIT PRIVATE USE MANUF. BUY BACK TAXI CAB REPLICA FLOOD AUTONOMOUS LILEV ELECTRIC CUSTOM STREET ROD

4 LIENHOLDER INFORMATION

IF ELT CUSTOMER: FEID # _____ DL # and Sex and Date of Birth _____ DMV Account # _____

Date of Lien: _____ Lienholder's Name: _____

Lienholder's Email Address: _____ Lienholder's Address: _____ City: _____ State: _____ Zip: _____

If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____ (Signature of Lienholder's Representative)

5 TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?

SALE GIFT REPOSSESSION COURT ORDER OTHER (SPECIFY) _____ DATE ACQUIRED: _____

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 _____ MILES, DATE READ: ____/____/____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

1. REFLECTS ACTUAL MILEAGE. 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. 3. IS NOT THE ACTUAL MILEAGE.

7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)

FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN	

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 1959) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: _____ (Vehicle Identification Number)

DATE _____ SIGNATURE _____ PRINTED NAME _____
Law Enforcement Officer or Florida Dealer/Agency Name _____ Badge # or Florida Dealer # _____ Notary Stamp or Seal
FL DMV/Tax Collector Employee _____ Florida Compliance Examiner/Inspector Badge or ID Number _____
COMMISSIONED NAME OF FLORIDA NOTARY: _____ (Print, Type or Stamp) NOTARY'S SIGNATURE _____

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR 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 CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER _____
[] MOTOR VEHICLE [] MOBILE HOME [] VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL SALES TAX REGISTRATION NUMBER _____

I hereby certify that ownership of the motor vehicle, mobile home or 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 [] 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, below under "Other: Explain.")
[] OTHER: (EXPLAIN) _____

10 REPOSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

[] I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.
[] (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.
[] I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSESSION).
[] I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

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 VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.
[] THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.
[] OTHER: (EXPLAIN) _____

12 APPLICATION ATTESTMENT AND SIGNATURES

I/W/E PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (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.

SIGNATURE OF APPLICANT (OWNER) _____ Date _____ SIGNATURE OF APPLICANT (CO-OWNER) _____ Date _____

13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state(s) as follows: That _____ (Name of Deceased) died on _____ (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.)

Print or Type Name of Spouse, Co-owner or Heir(s) _____ Signature of Spouse, Co-Owner or Heir(s) _____

That at the time of death the decedent was owner of the motor vehicle, mobile home or 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 motor vehicle, mobile home or vessel to:

Name of Applicant(s) (Print or Type) _____

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.
Check your local phone book: government pages or visit the following website for current mailing addresses: http://www.flhsmv.gov/offices/ www.flhsmv.gov

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices

Notice of Sale and/or Bill of Sale for a Motor Vehicle, Mobile Home, Off-Highway Vehicle or Vessel

- Notice of Sale (Seller must complete sections 1 & 3). The purchaser's signature in section 3 is optional.
- Bill of Sale (Seller and purchaser must complete sections 1, 2 (when applicable) & 3).

1. Motor Vehicle, Mobile Home, Off-Highway or Vessel Description				
Year	Make/Manufacturer	Body Type	Model	Color
Certificate of Title Number		Vehicle/Vessel Identification Number		
I/we do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:				
Print Name(s) of Purchaser(s)				
Address		City	State	Zip Code
Date of Sale		Selling price \$		
2. Odometer Disclosure Statement (Required For a Motor Vehicle)				
Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.				
WE STATE THAT THIS MOTOR VEHICLE'S <input type="checkbox"/> 5 DIGIT OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .XX				
(NO TENTHS) MILES, DATE READ _____ AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:				
<input type="checkbox"/> 1. REFLECTS THE ACTUAL MILEAGE. <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE.				
Affidavit (When applicable):				
3. Certification				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.				
Seller's Signature		Seller's Printed Name		Date
Seller's Address		City	State	Zip Code
Co-Seller's Signature (when applicable)		Co-Seller's Printed Name (when applicable)		Date
Co-Seller's Address (when applicable)		City	State	Zip Code
Purchaser's Signature		Purchaser's Printed Name		Date
Co-Purchaser's Signature (when applicable)		Co-Purchaser's Printed name (when applicable)		Date

* OWNERSHIP STATUS FOR THE ABOVE DESCRIBED MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL WILL NOT CHANGE UNTIL THE PURCHASER APPLIES FOR AND IS ISSUED A CERTIFICATE OF TITLE.

Check your local phone book government pages or visit the following website for current mailing addresses:

<http://www.flhsmv.gov/offices>

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
 DIVISION OF MOTORIST SERVICES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

PART A - OWNER'S VEHICLE IDENTIFICATION AFFIDAVIT AND ODOMETER DECLARATION

(Completion of this part requires a physical inspection of the vehicle by the owner)

AFFIDAVIT:

DATE: _____

This is to certify that I, the undersigned, am the lawful owner of the motor vehicle described on this form and that I have, on the date entered above, made a physical inspection of the motor vehicle and have recorded the vehicle identification number and other identification information and the odometer reading and certification in the spaces provided on this form.

VEHICLE IDENTIFICATION (MOTOR NUMBER ALL MAKES THROUGH 1954 - IDENTIFICATION NUMBER 1955 AND LATER)

Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In
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ODOMETER DECLARATION

WARNING: Federal and State law require 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 and/or imprisonment.

I/WE STATE THAT THIS 5 OR 6 DIGIT ODOMETER NOW READS .XX (NO TENTHS)
 MILES, DATE READ _____/_____/_____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE
 THE ODOMETER READING:

1. reflects ACTUAL MILEAGE. 2. is IN EXCESS OF ITS MECHANICAL LIMITS. 3. is NOT THE ACTUAL MILEAGE.

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

 (Owner/Purchaser Signature) Printed name (Seller's Signature) Printed name

PART B – VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER

This section requires a physical inspection under the windshield and in the door jam to verify 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 Florida Notary Public, Florida Licensed Dealer, Law Enforcement Officer, Military Police Officer, or Florida Compliance Examiner/Inspector (Division of Motorist Services/Tax Collector Employee). Complete this section on all used motor vehicles, including trailers, (with abbreviation of "TL" with a weight of 2,000 pounds or more) not currently titled in Florida.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number under the windshield and in the door jam to be identical to the vehicle identification number recorded on this form.

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

Date: _____ (Seal)

Commissioned Name of Florida Notary: _____ Notary's Signature: _____
 (Print, Type or Stamp)

If other than a Notary, check the box below that applies, and sign and complete the corresponding fields. Verified by:

- Florida Compliance Examiner/Inspector (DMS/TC Employee) Military Police Officer/Law Enforcement Officer Florida Licensed Dealer

Signature: _____ Printed Name: _____

Florida Compliance Examiner/Inspector Name: _____ Badge or ID #: _____

Law Enforcement Agency Name: _____ LEO Badge #: _____

Florida Dealer Name: _____ Florida Dealer #: _____

◆ NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT ◆

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON OR AUTHORIZED AGENT OF ANY PERSON REQUIRED TO MAKE APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION.

WHEN SHOULD THIS FORM BE COMPLETED?

ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS NOT CURRENTLY TITLED IN FLORIDA, WITH A NET WEIGHT OF 2,000 POUNDS OR MORE.

WHEN SHOULD THIS FORM NOT BE COMPLETED?

WHEN CERTIFICATE OF TITLE IS BEING APPLIED FOR ON ONE OF THE FOLLOWING:

1. NEW MOTOR VEHICLE, REGARDLESS OF WHETHER PURCHASED IN FLORIDA OR OUT OF-STATE
2. MOBILE HOME
3. TRAILER OR SEMITRAILER WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS
4. TRAILER TYPE RECREATIONAL VEHICLE (TRAVEL TRAILERS AND CAMP TRAILERS)
5. OFF-HIGHWAY VEHICLE

Check your local phone book government pages or visit the following website for current mailing addresses
<http://www.flhsmv.gov/offices/>