

Form 82040

Form 82040 is the application for title for the purchaser. A complete 82040 should be submitted with every title you give to us for processing. This is a multi-use form, so don't feel like every box needs to have something in it. Some of the sections may not apply to your transaction.

There are a couple of general guidelines you should follow with this form:

No errors, cross-outs, write-overs will be accepted. If you make an error, please complete a new 82040.

All applicants must sign this form with original wet ink signatures in section 12.

If your title is not a Florida title, section 8 must be completed by local law enforcement, military police officer or commissioned officer (not yourself, spouse or family member).

Let's review this section by section.

Section 1 Owner Information

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.fhsmv.gov/offices/

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

OWNER / APPLICANT INFORMATION						
1	Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>	Owner Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no	Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	Unit Number	Fleet Number
<input type="checkbox"/> OR <input type="checkbox"/> 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: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy By the Entirety <input type="checkbox"/> With Rights of Survivorship <input type="checkbox"/> Owner's County of Residence:						
Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Owner's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's/Lessee's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #
Owner's Mailing Address (Mandatory unless a member of the Military)			City		State	Zip
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)			City		State	Zip
Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)			City		State	Zip
Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>			City		State	Zip
Mail To Customer Name (If different From Above Owner)		Mail To Customer's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #
Mail To Customer Address (If different From Above Mailing Address)			City		State	Zip

1. "OR" / "AND" (check the appropriate box)

How do your customers want their names joined; the conjunction "or" or "and"?

OR- requires only one signature for future title transactions

AND- requires all signatures for future title transactions

If no conjunction is chosen, we will enter "AND" when processing

2. Owner's name

Please complete this row completely with:

Owner's name

Owner's e-mail address (optional)

Owner's DOB

Owner's Sex

Owner's Florida Driver License number*

*If you do not have a Florida Driver License number, remember to include a copy of your out of state driver license or identification card.

3. Co-Owner's name

All of the information included with Owner (#2) should be included for the co-owner as well.

4. Owner's Mailing Address

This is a mandatory field.

5. Owner's Physical Address

This is also mandatory. If the mailing address and physical address are the same, SAME can be entered

Section 2 Motor Vehicle, Mobile Home or Vessel Description

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	VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER			
TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat <i>Specify</i>			HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ <i>Specify</i>		PROPULSION <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ <i>Specify</i>		FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <i>Specify</i>		*DRAFT OF VESSEL <i>(The depth of water a vessel draws)</i> FT. _____ IN. _____ <i>*For all vessels 26' or more in length and all sailboats</i>	
<input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Mackerel			<input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Government <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Spiney Lobster		<input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Commercial Other _____ <input type="checkbox"/> Commercial Spiney Lobster		PREVIOUS OUT-OF-STATE REGISTRATION NUMBER: _____			
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers						State of Principal Use: _____				
3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)										
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> FLEEV	<input type="checkbox"/> CUSTOM		
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD		

6. Vehicle/ Vessel Identification Number

Enter the VIN number for a vehicle or the HIN number for a vessel.

7. Make/manufacturer

Enter the Make of the Manufacturer information here

8. Year

Enter the year of the vehicle.

9. Body

Enter the body type here.

Example: 2D, 4D, CV(convertible), UT (SUV) PK -a truck with a empty weight of less than 5000lbs or TK- a truck with a empty weight of more than 5000lbs

10. Color

List a primary color of the vehicle. This is often missed.

Vessel Section

This applies to all vessels. Please select all appropriate boxes that pertain to your vessel.

Section 3 Lienholder Information

4 LIENHOLDER INFORMATION						
CHECK IF ELT CUSTOMER	<input type="checkbox"/>	<input type="checkbox"/> FEID #	<input type="checkbox"/> DL # and Sex and Date of Birth	<input type="checkbox"/> DMV Account #	Date of Lien	Lienholder's Name
Lienholder's Email Address		Lienholder's Address			City	State Zip
<input type="checkbox"/> If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____ (Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder.						_____ (Signature of Lienholder's Representative)

11. List your lienholder information.

Section 4 Odometer Reading

6	ODOMETER DECLARATION
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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 (NO TENTHS) 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.

12. List your odometer and the date that it was read.

Section 5 VIN Verification

8	MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION
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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 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: _____ NOTARY'S SIGNATURE _____
(Print, Type or Stamp)

13. Vin Verification

****This section does not apply to vessels or pull behind travel trailers.**

Any title other than a Florida title must be verified by Local Law Enforcement, Military police officer, Commissioned Officer of the military, a Florida Notary or VIN verification on dealer letter head.

****This must be the original, wet ink signature with no errors.****

Section 6 Application Attestment and Signatures.

12	APPLICATION ATTESTMENT AND SIGNATURES
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I/WE 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

20. All Applicants must sign section 12. Original wet ink signatures are required.