

Form 82040 MV

Form 82040 MV is the application for title for the purchaser. A completed [82040 MV](#) should be submitted with every title you send in for processing. This form is specifically used for the following applications only:

HSMV 82040 MV should be used when processing applications for certificate of title for the following vehicle types:

- | | |
|--|---|
| <input type="radio"/> AU – Auto | <input type="radio"/> TO – Tools |
| <input type="radio"/> BS – Bus | <input type="radio"/> TR – Truck |
| <input type="radio"/> MC – Motorcycle | <input type="radio"/> TT – Travel Trailers |
| <input type="radio"/> OH – Off-Highway | <input type="radio"/> VT – Vehicle Trailers |

Use the following links for applications for vessels and mobile homes.

Vessels [82040 VS](#)

Travel Trailers [82040 MH](#)

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 MV.

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 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	
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)			Co-Owner's Phone Number (Voluntary)		Co-Owner's Email (Voluntary)
					Sex
					Date of Birth
FL DL/ID or FEID/Suffix Number		Co-Owner's/Lessee's Mailing Address		City	
				State	
				Zip Code	
Co-Owner's/Lessee's Residential Street Address			City		State
					Zip Code

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

How do you want your name/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 (important for point of contact)

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

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	

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 the primary color of the vehicle. This is often overlooked.

Section 4 Lienholder Information

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: _____		

11. List your lienholder information.

Section 5 Transfer Type

Section 5: TRANSFER TYPE (If applicable)	
If ownership has transferred, how and when was the motor vehicle 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: _____ / _____ / _____

12. List the purchase price along with acquired date.

Section 6 Odometer Reading

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.	

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

Section 8 VIN Verification

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 (Stamp or Seal)	
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	Signature: _____
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____	
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	

14. 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.

Section 6 Application Attestment and Signatures.

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

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

**** Sections 7 & 8 must be the original, wet ink signatures with no errors. ****