# 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 IDENTIF (Completion of this part requires   |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| 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 NU   | JMBER ALL MA  | KES THROUGH   | 1954 - IDENTI  | FICATION NUI                                       | MBER 1955 AND LATER)   |  |
| Vehicle Identification Number  | Year  | Make  | Color  | Body   | Previous State Vehicle Titled In                                   |  |
| ODOMETER DECLARATION WARNING: Federal and State law req Certificate of Title. Failure to complete  |   |   |  |  |  |  |
| I /WE STATE THAT THIS 5 OR 6   | 6 DIGIT ODO   | METER NOW   | READS  |  | .XX (NO TENTHS)  |  |
| MILES, DATE READ/// THE ODOMETER READING:  | AND I/V   | VE HEREBY (   | CERTIFY TH   | IAT TO THE   | BEST OF MY KNOWLEDGE   |  |
| 1. reflects ACTUAL MILEAGE. 2. is IN EXCESS OF ITS MECHANICAL LIMITS. 3. is NOT THE ACTUAL MILEAGE.  |   |   |  |  |  |  |
| UNDER PENALTY OF PE<br>DOCUMENT A<br>(Owner's Signature)   | AND THAT  |   |  | IN IT ARE  |  |  |
| PART B – VERIFICATION OF THE VEH   | ICI E IDENTI  | EICATION NI   | IMPED  |  | <u> </u>   |  |
| This section requires a physical inspection and vehicles manufactured prior to 1955) of the modificer, or Florida Division of Motorist Services VIN, the verification must be submitted on their (with abbreviation of "TL" with a weight of 2,00  | d a verification<br>otor vehicle des<br>s Employee or<br>r letterhead sta | of the vehicle in<br>scribed on this<br>Tax Collector E<br>ationery. Comp | dentification r<br>form by a Flo<br>imployee. If<br>lete this sect | orida Notary P<br>an out-of-stat<br>ion on all use | ublic, Licensed Dealer, Police e motor vehicle dealer verifies the |  |
| I, the undersigned, certify that I have physically inspected the above described vehicle and find that the vehicle identification number on the vehicle to be identical to the vehicle identification number recorded on this form.  |   |   |  |  |  |  |
| Date:  |   |   |  |  | (Seal)   |  |
| Commissioned Name of Florida Notary:(F   | Drint Trunc on Cho  |   | Notary's Sigr  | nature:  | _  |  |
| UNDER PENALTY OF PERJURY, I DECLAR STATED IN IT ARE TRUE.  |   |   | OREGOING I   | DOCUMENT A   | AND THAT THE FACTS   |  |
| If other than a Notary, check the box below that   | applies and sigr  | and complete  | the correspor  | nding fields. V                                    | erified by:  |  |
| Florida Compliance Examiner/Inspector(D  | MS/TC Emplo   | yee) Lav  | v Enforceme  | nt Officer   | Florida Licensed Dealer  |  |
| Signature:   | F   | 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 ♦

HSMV 82042 (REV. 01/13)

#### 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:

- 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)

#### **VIN VERIFICATION BY AN OUT OF STATE MOTOR VEHICLE DEALER:**

IF THE VEHICLE IDENTIFICATION NUMBER (VIN) IS VERIFIED BY AN OUT-OF-STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY.

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