

INFORMATION PACKET

FLORIDA TITLE TRANSFERS FOR VESSELS

This packet has been designed by the Seminole County Tax Collector to help expedite the process of applying for a Florida title transfer for a vessel.

Required Documents to apply for a Florida Title:

1. The Florida vessel title with the Transfer of Title by seller section completed.
 - a. Purchaser's name and address
 - b. Date of sale
 - c. Selling price
 - d. Seller's signature and printed name. If seller's names are joined by "and", both sellers must sign.
 - e. Purchaser's signature and printed name
2. A completed HSMV 82040, Application for Certificate of Title with/without Registration.
3. A Vessel Bill of Sale is suggested a may be required.
4. Six percent sales tax will be collected on the purchase price. When the vessel is registered to a Seminole County address the first \$5,000.00 of the sale price is subject to an additional 1% discretionary sales surtax.
5. Registration fees are determined by the length of the vessel.
6. **NOTE:** Trailers are registered separately. If a trailer was purchased with the vessel, a Bill of Sale must be included with the description of the trailer, the empty weight, and the previous owner's license plate number. The fees are determined by the registered owner's date of birth, empty weight, and the license plate type.

If you need further assistance, please contact our office at 407-665-1000.

VESSEL BILL OF SALE

VESSEL DESCRIPTION				
Year	Make/Manufacturer	Body Type	Model	Color
Certificate of Title Number		Identification Number		
<input type="checkbox"/> The above vessel has not been operated upon waters in the state of Florida.				
<input type="checkbox"/> After a thorough visual inspection of this vessel, I have been unable to locate any existing hull identification numbers on the vessel.				
I do hereby sell or have sold and delivered the above described vessel to: Print Name(s) of Purchaser(s)				
Address		City	State	Zip Code
Date of Sale	Selling price \$			

If purchase is a package deal, please furnish the following information on the trailer:

TRAILER DESCRIPTION			
Make/Manufacturer	Identification Number		
Seller's Trailer Tag Number:			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. Print Name(s) of Seller(s)			
Seller(s) Address	City	State	Zip Code
Seller's Signature:			

**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	Do you want the certificate of title to remain electronic? <input type="checkbox"/> yes <input type="checkbox"/> no	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	Unit Number	Fleet Number
		Owner	Co-Owner		
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no		

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: _____

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)	City	State	Zip	
Co-Owner's/Lessee's Mailing Address (Mandatory)	City	State	Zip	
Owner's/Lessee's Physical Street Address in Florida (Mandatory)	City	State	Zip	
Mobile Home Physical Address (if applicable) <input type="checkbox"/> Check if in a mobile home rental park with 10 or more lots.	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	

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		HULL MATERIAL		PROPULSION	
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Personal Watercraft	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Outboard
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Pontoon	<input type="checkbox"/> Canoe	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel	<input type="checkbox"/> Sail
<input type="checkbox"/> Auxiliary Sailboat	<input type="checkbox"/> Airboat	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wood/Fiberglass	<input type="checkbox"/> Other _____	<input type="checkbox"/> Air Propelled
<input type="checkbox"/> Inflatable	<input type="checkbox"/> Sailboat	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
		<i>Specify</i>		<i>Specify</i>	
		<i>Specify</i>		<i>Specify</i>	
USE OF VESSEL					*DRAFT OF VESSEL (The depth of water a vessel draws) 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"/> Commercial Stone Crab	<input type="checkbox"/> Government	<input type="checkbox"/> Commercial Sponge	
<input type="checkbox"/> Dealer/Manuf.	<input type="checkbox"/> Commercial Fish	<input type="checkbox"/> Commercial Live Bait	<input type="checkbox"/> Commercial Shrimp Recip.	<input type="checkbox"/> Commercial Charter	
<input type="checkbox"/> Exempt	<input type="checkbox"/> Hire (Livery)	<input type="checkbox"/> Commercial Mackerel	<input type="checkbox"/> Commercial Shrimp Non-Recip.	<input type="checkbox"/> Commercial Oyster	<input type="checkbox"/> Commercial Spiney Lobster
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
PREVIOUS OUT-OF-STATE REGISTRATION NUMBER: _____					

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 VEHICLE	<input type="checkbox"/> ILEV VEHICLE
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> REPLICA	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUFACTURER'S BUY BACK	<input type="checkbox"/> AUTONOMOUS VEHICLE	<input type="checkbox"/> ELECTRIC VEHICLE	

4 LIENHOLDER INFORMATION

CHECK IF ELT CUSTOMER <input type="checkbox"/>	FEID # <input type="checkbox"/>	DL # and Sex and Date of Birth <input type="checkbox"/>	DMV Account # <input type="checkbox"/>	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: _____
(Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (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 , .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.

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

FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	NET SELLING PRICE	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		

www.flhsmv.gov

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 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 HUSBAND AND WIFE 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 REPOSSESSION 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 REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).
I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION 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/WWE 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