

## 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 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

### ODOMETER DECLARATION

**WARNING: Federal and State law require that you state the mileage when making application for Florida 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 PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Owner's Printed Name)

### PART B - VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER BY A LICENSED DEALER

(Completion of this part requires a physical inspection of the vehicle *by a licensed dealer.*)

Complete this section for a used motor vehicle, including a trailer (weighing 2,000 lbs or more), not currently titled in Florida.

I 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: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Authorized Agent)

\_\_\_\_\_  
(Printed Name of Authorized Agent)

\_\_\_\_\_  
(Dealer Name)

\_\_\_\_\_  
(Dealer License #)

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