

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0610

APPLICATION FOR MULTIPLE CERTIFICATES OF TITLE WITH/WITHOUT REGISTRATIONS

(Instructions on Reverse Side)

1 APPLICANT IDENTIFICATION			
Owner/Lessor Name	FEID #	Sex	Fleet #
Owner/Lessor's Address	City	State	Zip
Lessee's Name	Date of Birth	Sex	
Lessee's Mailing Address	City	State	Zip
Owner/Lessee's Street Address in Florida (Mandatory)	City	State	Zip

2 TRANSFER TYPE AND STATUS
 IF OWNERSHIP HAS TRANSFERRED, HOW WERE VEHICLES OR VESSELS ACQUIRED? SALE GIFT REPOSESSION COURT ORDER OTHER (SPECIFY) _____
 DATE ACQUIRED _____ NEW USED LEASE: SHORT TERM LONG TERM PRIVATE TAXI CAB POLICE

3 LIENHOLDER INFORMATION			
FEID #	Date of Lien	Lienholder Name	
Lienholder Address		City	State Zip

(DOES NOT APPLY TO VESSELS)
 If Lienholder authorizes the Department to send title to the owner, check box and countersign. _____
 If box above is not checked, title will be mailed to first lienholder. _____
Signature of Lienholder's Representative

4 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTIONS			
YEAR	MAKE/MANUFACTURER	BODY	WEIGHT/LENGTH

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE MILEAGE THAT I CHECKED IS THE TRUE AND CORRECT MILEAGE.

INITIAL (IF VIN VERIFIED BY OWNER)	VIN / HIN	LICENSE PLATE OR REGISTRATION NUMBER	COLOR OF VEHICLE	PREVIOUS STATE	ODOMETER READING	ODOMETER STATUS			DATE READ	TITLE NUMBER	PREVIOUS ISSUE DATE
						* A	* N	* E			

TYPE <input type="checkbox"/> 1. Open Motorboat <input type="checkbox"/> 2. Cabin Motorboat <input type="checkbox"/> 3. Auxiliary Sailboat <input type="checkbox"/> 4. Inflatable <input type="checkbox"/> 5. Houseboat <input type="checkbox"/> 6. Pontoon <input type="checkbox"/> 7. Personal Watercraft <input type="checkbox"/> 8. Other _____ <i>Specify</i>	HULL MATERIAL <input type="checkbox"/> 1. Wood <input type="checkbox"/> 2. Aluminum <input type="checkbox"/> 3. Steel <input type="checkbox"/> 4. Fiberglass <input type="checkbox"/> 5. Wood/Fiberglass <input type="checkbox"/> 6. Other _____ <i>Specify</i>	PROPULSION <input type="checkbox"/> 1. Outboard <input type="checkbox"/> 2. Inboard <input type="checkbox"/> 3. Sail <input type="checkbox"/> 4. Inboard/Outboard <input type="checkbox"/> 5. Air Propelled <input type="checkbox"/> 6. Other _____ <i>Specify</i>	FUEL <input type="checkbox"/> 1. Gas <input type="checkbox"/> 2. Diesel <input type="checkbox"/> 3. Other _____ <i>Specify</i>
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USE OF VESSEL <input type="checkbox"/> 1. Pleasure <input type="checkbox"/> 2. Dealer <input type="checkbox"/> 3. Manufacturer <input type="checkbox"/> 4. Pleasure Canoe <input type="checkbox"/> 5. Commercial Canoe <input type="checkbox"/> 6. Commercial <input type="checkbox"/> 7. Exempt	LENGTH OF VESSEL FT. ____ IN. ____	*DRAFT OF VESSEL (The depth of water a vessel draws) FT. ____ IN. ____ *For all vessels 26' or more in length and all sailboats	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 <input type="checkbox"/> Contribution To Election Campaign Financing Trust Fund	CO-OWNER <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
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Previously Federally Documented Vessel, Attach Copy of:
 1. U.S. Coast Guard Release From Documentation Form; or
 2. Copy of Canceled Documentation Papers

Previous Out-of-State Registration Number: _____

5 VEHICLE IDENTIFICATION NUMBER VERIFICATION

COMPLETION OF THIS PART REQUIRES A PHYSICAL INSPECTION OF EACH MOTOR VEHICLE AND EACH VEHICLE IDENTIFICATION NUMBER (VIN) DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR FLORIDA TAX COLLECTOR EMPLOYEE. **IF THE VINS ARE VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATIONS MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY.** COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS (WITH ABBREVIATION OF "TL" AND 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 vehicles and find vehicle identification numbers on each vehicle to be identical to the vehicle identification numbers recorded on this form.

 (DATE) (SIGNATURE) (PRINTED NAME)

Agency or FL. Dealer's Name: _____ Badge or FL. Dealer #: _____ (Notary Stamp)

Florida DMV/Tax Collector Employee: _____ Florida DMV Compliance Examiner/Inspector Badge or ID #: _____

Commissioned Name of FL. Notary: _____ Notary's Signature: _____
 HSMV 82039 (Rev. 03/02) S (Print, Type or Stamp)

6 SALES TAX EXEMPTION CERTIFICATION

I CERTIFY THE MOTOR VEHICLES, MOBILE HOMES OR VESSELS (DESCRIBED ON SIDE 1 SIDE OF THIS FORM) HAVE BEEN PURCHASED AND ARE EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES BECAUSE:

PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE

CONSUMER'S CERTIFICATE OF EXEMPTION NO. _____

VEHICLES MOBILE HOMES VESSELS WILL BE USED EXCLUSIVELY FOR RENTAL

SALES TAX REGISTRATION NUMBER _____

7 DEALER SALES TAX REPORT				
FLORIDA SALES TAX REG NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX, PER UNIT	DEALER / AGENT SIGNATURE
8 CERTIFICATION				

THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT: _____

IN CONSIDERATION OF THE FOREGOING AND THE ATTACHED EVIDENCE OF MY/OUR OWNERSHIP OF THE MOTOR VEHICLES, MOBILE HOMES OR VESSELS DESCRIBED ON SIDE 1 OF THIS FORM, I/WE REQUEST THAT THE CERTIFICATE OF TITLE BE ISSUED IN TO MY/OUR NAME. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

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)	_____ Printed Name	_____ Date
_____ Signature of Co-Applicant (Co-Owner)	_____ Printed Name	_____ Date

WHO IS AUTHORIZED TO COMPLETE THIS FORM?:

ANY AUTHORIZED AGENT OF A COMPANY OR CORPORATION, REQUIRED TO MAKE APPLICATION FOR MULTIPLE FLORIDA CERTIFICATES OF TITLE.

WHEN SHOULD THIS FORM BE USED?:

WHEN A COMPANY OR CORPORATION IS APPLYING FOR MULTIPLE CERTIFICATES OF TITLE ON NEW OR USED MOTOR VEHICLES, MOBILE HOMES OR VESSELS WITH THE SAME YEAR, MAKE, BODY AND WEIGHT. FOR MOBILE HOMES AND VESSELS, BODY AND WEIGHT ARE EXCLUDED AND LENGTH IS INCLUDED.

WHEN IS THE VIN VERIFICATION ON THIS FORM NOT NECESSARY?:

THE VIN VERIFICATION ON THIS FORM DOES NOT HAVE TO BE COMPLETED ON VESSELS, MOBILE HOMES, TRAVEL TRAILERS, CAMPING TRAILERS, FIFTH WHEEL RECREATIONAL TRAILERS OR SEMI TRAILERS WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS, WHEN A FLORIDA CERTIFICATE OF TITLE IS SUBMITTED AS PROOF OF OWNERSHIP OR WHEN FORM HSMV 82042 HAS BEEN COMPLETED AND IS ATTACHED.

WHEN IS THE ODOMETER DECLARATION ON THIS FORM NOT NECESSARY?:

THE ODOMETER DECLARATION IN SECTION 4 OF THIS FORM DOES NOT HAVE TO BE COMPLETED WHEN THE VEHICLE BEING TITLED IS EXEMPT FROM ODOMETER DISCLOSURE REQUIREMENTS. **EXEMPTIONS:** WHEN THE VEHICLE IS TEN YEARS OLD OR OLDER, HAS A GROSS VEHICLE WEIGHT (GVWR) OF MORE THAN 16,000 POUNDS OR IS NOT SELF PROPELLED.

ODOMETER STATUS

- * A - WHEN A CHECK MARK IS ENTERED UNDER THE "A" THE STATUS WILL BE SHOWN AS "ACTUAL MILEAGE".
- * N - WHEN A CHECK MARK IS ENTERED UNDER THE "N" THE STATUS WILL BE SHOWN AS "WARNING: NOT ACTUAL MILEAGE".
- * E - WHEN A CHECK MARK IS ENTERED UNDER THE "E" THE STATUS WILL BE SHOWN AS "EXCEEDS MECHANICAL LIMITS".

FILING:

1. ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED LEGIBLY.
2. ONE OF THE FOLLOWING MUST BE FILED WITH THIS FORM.
 - (A) FLORIDA CERTIFICATE OF TITLE.
(OR)
 - (B) MANUFACTURER'S CERTIFICATE OF ORIGIN.
(OR)
 - (C) OUT-OF-STATE TITLE OR OTHER OFFICIAL PROOF OF OWNERSHIP.
3. THIS FORM MUST BE SIGNED BY AND INCLUDE THE PRINTED NAME OF AN AUTHORIZED AGENT OF THE COMPANY OR CORPORATION.

SALES TAX

THE SALES TAX EXEMPTION NUMBER OR CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER MUST BE SHOWN IN SECTION 6 OF THIS FORM.

NOTE: FORMS DR40, DR-41A AND FORM HSMV 82042 HAVE BEEN MERGED INTO THIS FORM.