

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTORIST SERVICES

**SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE**

[www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)

**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, 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 NUMBER ALL MAKES THROUGH 1954 - IDENTIFICATION NUMBER 1955 AND LATER)

Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In
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**ODOMETER DECLARATION**

**WARNING: Federal and State law require 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 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 PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

\_\_\_\_\_  
(Owner/ Purchaser Signature)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
(Seller's Signature)

\_\_\_\_\_  
Printed name

**PART B – VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER**

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 Florida Notary Public, Florida Licensed Dealer, Law Enforcement Officer, or Florida Compliance Examiner/Inspector(Division of Motorist Services/Tax Collector Employee). 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 that the vehicle identification number on the vehicle to be identical to the vehicle identification number recorded on this form.

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

Date: \_\_\_\_\_

(Seal)

Commissioned Name of Florida Notary: \_\_\_\_\_ Notary's Signature: \_\_\_\_\_  
(Print, Type or Stamp)

**If other than a Notary, check the box below that applies, and sign and complete the corresponding fields.** Verified by:

Florida Compliance Examiner/Inspector(DMS/TC Employee)       Law Enforcement Officer       Florida Licensed Dealer

Signature: \_\_\_\_\_ 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** ◆

**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:

1. 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)
5. OFF-HIGHWAY VEHICLE

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