

**STATE OF FLORIDA**  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**DIVISION OF MOTOR VEHICLES**  
2900 Apalachee Parkway, Neil Kirkman Building  
Tallahassee, FL 32399-0610

## APPLICATION FOR MULTIPLE CERTIFICATES OF TITLE WITH/WITHOUT REGISTRATIONS

(Instructions on Reverse Side)

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

2 <b>TRANSFER TYPE AND STATUS</b>	
IF OWNERSHIP HAS TRANSFERRED, HOW WERE VEHICLES OR VESSELS ACQUIRED? <input type="checkbox"/> SALE <input type="checkbox"/> GIFT <input type="checkbox"/> REPOSSESSION <input type="checkbox"/> COURT ORDER <input type="checkbox"/> OTHER (SPECIFY) _____	
DATE ACQUIRED _____ <input type="checkbox"/> NEW <input type="checkbox"/> USED LEASE: <input type="checkbox"/> SHORT TERM <input type="checkbox"/> LONG TERM <input type="checkbox"/> PRIVATE <input type="checkbox"/> TAXI CAB <input type="checkbox"/> POLICE	

3 <b>LIENHOLDER INFORMATION</b>				
FEID #	Date of Lien	Lienholders Name		
Lienholders Email Address	Lienholders 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 Lienholders Representative

4 <b>MOTOR VEHICLE , MOBILE HOME OR VESSEL DESCRIPTIONS</b>			
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.						ODOMETER STATUS				DATE READ	TITLE NUMBER	PREVIOUS ISSUE DATE
INITIAL (IF VIN VERIFIED BY OWNER)	VIN / HIN	LICENSE PLATE OR REGISTRATION NUMBER	COLOR OF VEHICLE	PREVIOUS STATE	ODOMETER READING	*	*	*				
						A	N	E				

TYPE	HULL MATERIAL	PROPULSION	FUEL
<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>	<input type="checkbox"/> 1. Wood <input type="checkbox"/> 4. Fiberglass <input type="checkbox"/> 2. Aluminum <input type="checkbox"/> 5. Wood/Fiberglass <input type="checkbox"/> 3. Steel <input type="checkbox"/> 6. Other _____ <i>Specify</i>	<input type="checkbox"/> 1. Outboard <input type="checkbox"/> 4. Inboard/Outboard <input type="checkbox"/> 2. Inboard <input type="checkbox"/> 5. Air Propelled <input type="checkbox"/> 3. Sail <input type="checkbox"/> 6. Other _____ <i>Specify</i>	<input type="checkbox"/> 1. Gas <input type="checkbox"/> 2. Diesel <input type="checkbox"/> 3. Other _____ <i>Specify</i>

USE OF VESSEL	LENGTH OF VESSEL	*DRAFT OF VESSEL (The depth of water a vessel draws)	OWNER	CO-OWNER
<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	FT. ____ IN. ____	FT. ____ IN. ____  *For all vessels 26' or more in length and all sailboats	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"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no

Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> 1. U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> 2. Copy of Canceled Documentation Papers	Previous Out-of-State Registration Number: _____
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### 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)
Law Enforcement, Agency or FL. Dealer's Name: _____	Badge or FL. Dealer #: _____	(Notary Stamp)

Florida DMV/Tax Collector Employee: \_\_\_\_\_ Florida Compliance Examiner/Inspector Badge or ID Number \_\_\_\_\_

Commissioned Name of Florida Notary: \_\_\_\_\_ Notary's Signature: \_\_\_\_\_

**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 IS 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:**

- ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED LEGIBLY.
- ONE OF THE FOLLOWING MUST BE FILED WITH THIS FORM.
  - FLORIDA CERTIFICATE OF TITLE.  
(OR)
  - MANUFACTURER'S CERTIFICATE OF ORIGIN.  
(OR)
  - OUT-OF-STATE TITLE OR OTHER OFFICIAL PROOF OF OWNERSHIP.
- 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.**