

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES **APPLICATION FOR CERTIFICATE OF VESSEL TITLE**

Please submit this form to your local tax collector office or license plate agency.

<u>https://www.flhsmv.gov/locations/</u> Note: All fields are required unless otherwise stated or not applicable.

Application Type: Original Transfer Request to print Certificate of Title: No Yes: In office Yes: Mailed											
Section 1: OWNER/APPLICANT INFORMATION Customer Number Fleet Number		Linit Number				Owner's County of Posidence					
Customer Number	Fleet Number		Unit Number			Owner's County of Reside					
	Resident? □ YES □ NO] YES [□ NO Are	e you dea	af or hard	of hearing?	(Voluntary) 🗆 YES 🗆 NO	
When joint ownership, please indicate i	f "or" or "and" is to be sho box is checked, the title v				lect, if appl ⁻ enancy by		retv			inder Person rvivorship	
Owner's Name as It Appears on Driver			Phone Num				(Voluntary)		Sex	Date of Birth	
(First, Full Middle/Maiden, & Last Name)	(Voluntary)	(Voluntary)									
FL DL/ID or FEID/Suffix Number Ov			City	City				Zip Code			
Owner's Residential Street Address		City	City				Zip Code				
Mail To Customer Name (If different from	above owner)	Mail To's	Phone Nur	Mail To	o's Email	(Voluntary))	Sex	Date of Birth		
	(Voluntary)	(Voluntary)			······································						
FL DL/ID or FEID/Suffix Number Ma		City			State	Zip Code					
Co-Owner Details: Are you a Florida Resident? 🗆 YES 🗆 NO Are you a US Citizen? 🗆 YES 🗆 NO Are you deaf or hard of hearing? (Voluntary) 🗆 YES 🗆 NO											
□ Co-Owner or □ Lessee's Name as		nse Co-Owne	er's Phone N				nail (Volunt		Sex	Date of Birth	
(First, Full Middle/Maiden, & Last Name)	(Voluntary)									
FL DL/ID or FEID/Suffix Number Co	ng Address	Iress			City			State	Zip Code		
Co-Owner's/Lessee's Residential Street Address								State	Zip Code		
Section 2: VESSEL DESCRIPTION											
Hull (Vessel) Identification Number (HII	N) 🗆 HIN is ne	eded Florida	Title Numbe	er	FL/DO Nur	nber		Renewal	of Numbe	r State of	
	not				□ YE				Principal Use		
Make/Manufacturer	Model	Year	Weight		Length ft	F	or all vesse	ls 26' or mor	e in length a	r a vessel draws.) and all sailboats.	
□ I certify the vessel listed above has p	roviouoly been branded		bull.		ft.	in.			In. and assign	nment (If known)	
□ I certify the vessel listed above has p			iuii.						anu assigi		
Vessel Type		Hull Material		Propul	sion Type		Engine	e Drive Typ	e Fuel		
□ Air Boat □ Inflatable Boa					nrust 🗆 Manual 🗌 Inboar				lectric		
🗆 Auxiliary Sailboat 🛛 Open Motorb	□ Aluminum □	,			eller 🗆 Sail 🛛 Inboard			ard 🛛 D	iesel		
□ Auxiliary Sailboat □ Open Motorboat □ Rowboat □ Aluminum □ Steel □ Pro □ Cabin Motorboat □ Paddle Craft □ Sailboat □ Fiberglass □ Wood □ Wa										□ Gas	
□ Houseboat □ Personal Wat	Plastic	stic			:						
□ Other:	Other:				ecify)	_ □ Oth	□ Other:				
(Specify)		(S)	pecify)					(Specify	()	(Specify)	
Primary Operation Commercial Blue Crab Commercial Charter Fishing Commercial Spiney Lobster Exempt Recreational Rent or Lease Commercial Live Bait Commercial Passenger Carrying Commercial Sponge Government Commercial Other:											
□ Commercial Mackerel □ Commercial Shrimp Non-Recip. □ Commercial Stone Crab □ Hire (Livery) □ Commercial Oyster □ Commercial Shrimp Recip. □ Dealer/Manuf. Demonstration □ Recreational (Pleasure) (Specify)											
Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION											
If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known)											
□ The vessel listed above has previously been titled or registered out-of-state. □ The vessel listed above has previously been titled or registered out-of-count Previous State of Issue Previous Registration Number Previous State of Issue Previous Registration Number								out-of-country.			
Section 4: DOCUMENTED/FOREIGN	-DOCUMENTED VESS		TION								
□ I certify the vessel listed above is not currently a documented vessel or foreign-documented vessel. (If selected, one of the documents listed below is required.)											
U.S. Coast Guard Release Documentation Form is attached or Copy of Canceled Documentation Papers/Record is attached											



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Section 5: LIEN	HOLDER INFORMATION (lt applica	able)								
ELT Customer							Number (Volun	tary) Lie	nholder's	Email (Volu	untary)
Date of Lien	Lienholder's Mailing Address				City					State	Zip Code
Lienholder's Nan		□ Check this box if you, lienholder representative, authorize the Department to send he vessel title to the owner and sign here:									
Section & SECI											
	JRITY INTEREST	o ou ritu (in	torooto (Man than and	fa							
	e vessel listed above has s	ecurity ir				ay be used		cured parti	es.)	01.1	
Secured Party's	Name		Secured Party's Maili	ng Add	iress		City			State	Zip Code
Section 7: TRAM	NSFER TYPE (If applicable)										
If ownership has	transferred, how and when	was the	vessel acquired?	□ Inhe	eritance				Date Acq	uired:	
\Box Sale (Price: $_$) \Box Gift \Box Repossession \Box Court Order \Box Other (<i>Specify</i>): $ $ /											
	LER SALES TAX REPORT							I			
Florida Sales Ta	x Registration Number	Dealer	License Number	Dat	Date of Sale Amount of Tax Dealer/Agent Signature						
Year of Trade In	Make of Trade In		Title Number of Trad	e In <i>(If</i>)	known)	Vessel Identification Number of Trade In					
Section 9: SALES TAX EXEMPTION CERTIFICATION (<i>If applicable</i>) I certify the recreational vessel described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statues, by:											
				exempt						statues,	by:
Purchaser (st	tate agencies, counties, etc.) ho	lds valid	exemption certificate		Vesse	l will be us	sed exclusively	for rental.			
Consumer's Cert	Consumer's Certificate of Exemption Number: Sales Tax Registration Number:										
I hereby certify that ownership of the vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason:											
Inheritance	Gift Divorce	Decree	Transfer between the set week set we	en a m	narried cou	ole ⊔	Other:				<u>.</u>
Even trade o											
			of the even trade or trade	down a	nd the transf	eror informa	ation, including the	e transfero	r's name an	id address.)	
Section 10: REF	POSSESSION DECLARATI	ON									
□ I certify that this vessel was repossessed upon default in the terms of the lien instrument and is now in my possession.											
Section 11: NO	N-USE AND OTHER CERT	FICATIO	ONS								
If checked, the fo	bllowing certifications are ma	ade by th	e applicant:								
□ I certify that th	e certificate of title is lost or	destroye	ed.								
□ The vessel ide	entified will not be operated	on the w	aters of this state until	properl	y registere	d.					
□ Other: (explain))						<u> </u>				
Section 12: APF	PLICATION ATTESTMENT	AND SI	GNATURES								
	inspected the HIN. (More the of perjury, I declare that I						stated in it are	true.			
Full Name of Applicant, Owner					Signature of Applicant, Owner					D	ate
Full Name of Applicant, Co-Owner					Signature of Applicant, Co-Owner						ate
• • • • • • • •											
	EASE OF SPOUSE OR HE		EREST (It applicable)								
The undersigned	l person(s) state(s) that							c	lied on		······································
					deceased)					(Da	ate)
Testate (withWhen applica	\Box a will) \Box Intestate (able, the heir(s) (named below		a will) and left the survivities that the certificate	•	()						
	of perjury, I declare that			ument	and that t	he facts s	stated in it are	true.			
	m HSMV 82040 may be used fo Spouse, \Box Co-Owner or \Box		ai signatures.)	-	Signature	of Shouse	, Co-Owner or I	Heir(s)			ate
		101(5)			Signature	or opouse		1011(3)			uiu
Full Name of \Box Spouse, \Box Co-Owner or \Box Heir(s)					Signature of Spouse, Co-Owner or Heir(s)						ate
That at the time of death the decedent was owner of the 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 vessel to:											
Full Name of App		as neir	s) at law, legatee(S), (uevise	e(s), or otr Signature			vesseit	0:	D	ate
E.U.N					Oiser t		4				<u>N-1-</u>
Full Name of Ap	plicant				Signature	of Applic	ant				Date