

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's Signature)

\_\_\_\_\_  
(Owner's 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, Licensed Dealer, Police Officer, or Florida Division of Motorist Services Employee or Tax Collector Employee. If an out-of-state motor vehicle dealer verifies the VIN, the verification must be submitted on their letterhead stationery. 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.

(Seal)

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

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

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

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)

**VIN VERIFICATION BY AN OUT OF STATE MOTOR VEHICLE DEALER:**

IF THE VEHICLE IDENTIFICATION NUMBER (VIN) IS VERIFIED BY AN OUT-OF-STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY.

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