

STATE OF 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/)

**POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL**

\_\_\_\_\_  
(Date)

I/We hereby name and appoint, \_\_\_\_\_, to be my/our  
(Full Legibly Printed Name is Required)

lawful attorney-in-fact, to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

**CHECK ONE:**       **Motor Vehicle**       **Mobile Home**       **Vessel**

Year	Make/Manufacturer	Body Type	Title Number
Vehicle/Vessel Identification Number			

**NOTICE TO OWNER(S): COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING.**

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

\_\_\_\_\_  
(Signature of **Owner** "Grantor")      \_\_\_\_\_  
(Legibly Printed Name of **Owner** "Grantor")

\_\_\_\_\_  
(Driver License, Identification Card or FEID Number for **Owner**)      \_\_\_\_\_  
(Date of Birth for **Owner**, if applicable)

\_\_\_\_\_  
(**Owner's** Address)      \_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip)

\_\_\_\_\_  
(Signature of **Co-Owner** "Grantor," if applicable)      \_\_\_\_\_  
(Legibly Printed Name of **Co-Owner** "Grantor," if applicable)

\_\_\_\_\_  
(Driver License, Identification Card or FEID Number for **Co-Owner**)      \_\_\_\_\_  
(Date of Birth for **Co-Owner**, if applicable)

\_\_\_\_\_  
(**Co-Owner's** Address)      \_\_\_\_\_ (City)      \_\_\_\_\_ (State)      \_\_\_\_\_ (Zip)

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the **buyer only** or the **seller only**. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (a) the title is physically being held by the lienholder; **or**
- (b) the title is lost.

**NOTE:** A licensed dealer and his/her employees are considered a single entity.

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