MIKE FASANO

TAX COLLECTOR/PASCO COUNTY/FLORIDA
POST OFFICE BOX 276/DADE CITY, FLORIDA 33526-0276

Application for Florida Title and Registration **Transfer**

Upon compliance with the following, we will be pleased to process your application:

1. **Proof of Ownership:** Submit **ORIGINAL** Out of State Title or Manufacturer's Certificate of Origin with forms and fees described below. New vehicles with a Manufacturers Certificate of Origin require an odometer disclosure between the dealer and purchaser to be submitted.

2. **Form 82040 – Application for Florida Title:** Complete Sections 1 through 6. Applicant signature(s) are required in Section 12. Vehicle Identification Number Verification in Section 8 must be completed on used vehicles titled in another state. The vehicle identification number (VIN) can be verified by a police officer, any jurisdiction, OR the attached affidavit may be completed by buyer and seller. Any alterations void this form.

3. **Identification:** Copy of all applicant(s) driver license must be submitted. If owner or lienholder is a business, their FEID Number is required.

4. **Proof of Insurance:** Submit proof of **Florida** insurance coverage. You may provide a copy of your insurance card OR complete insurance affidavit attached.

5. **Registration Transfer:** Submit photocopy of current registration to be transferred. Form 82050 Proof of Disposal of vehicle to which tag was previously registered must be submitted. If the vehicle has not been sold, parked or otherwise disposed of, the $225.00 Initial Registration Fee may apply.

6. **Fees:**
   Registration Fee: Registration transfer $7.40. If the plate is being transferred to a vehicle in a different weight class or needs to be renewed or replaced, please contact our office for assistance.
   State Sales Tax: State sales tax is 6%. Sales tax is calculated on the purchase price less trade-in. Pasco County has an additional 1% local option tax on the first $5,000 for a maximum of $50.00.
   Provide copy of bill of sale if purchased from dealer. If purchased from private individual, selling price must be listed on title.
   Title Fees: Current Out of State Title $88.25 OR Manufacturers Certificate of Origin $80.25; Record Lien (if applicable) $2.00.
   Mail Fee: Fee for metal license plate $5.45 OR for Priority Mail $9.90 OR for Express Mail $27.90.

Note: All used vehicles coming into Florida from a *foreign country* required additional documentation. Please contact our office for further assistance.

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

CHECK APPLICATION TYPE: ☐ ORIGINAL ☐ TRANSFER **VEHICLE TYPE:** ☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL **OFF-HIGHWAY VEHICLE:** ☐ ATV ☐ ROV ☐ MC

1 OWNER / APPLICANT INFORMATION

Customer Number	Check this box if you are requesting the certificate of title to be printed. ☐		Owner	Co-Owner	Unit Number	Fleet Number
		Are you a Florida resident?	☐ yes ☐ no	☐ yes ☐ no		
		Are you an alien?	☐ yes ☐ no	☐ yes ☐ no		

☐ OR ☐ AND **NOTE:** When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."

If applicable: ☐ Life Estate/Remainder Person ☐ Tenancy By the Entirety ☐ With Rights of Survivorship ☐ Owner's County of Residence: _____

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Owner's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Co-Owner's/Lessee's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #

Owner's Mailing Address (Mandatory unless a member of the Military)	City	State	Zip
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)	City	State	Zip
Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)	City	State	Zip
Mobile Home Physical Address (if applicable) **Check if in a mobile home rental park with 10 or more lots.** ☐	City	State	Zip

Mail To Customer Name (If different From Above Owner)	Mail To Customer's Email Address	Date of Birth	Sex	FL Driver License or FEID/Suffix #
Mail To Customer Address (If different From Above Mailing Address)	City	State	Zip	

2 MOTOR VEHICLE , MOBILE HOME OR VESSEL DESCRIPTION

Vehicle/Vessel Identification Number	Make/Manufacturer	Year	Body	Color	Florida Title Number

Previous State of Issue	License Plate or Vessel Registration Number	Weight	Length Ft. In.	BHP/CC	GVW/LOC	VAN USE, IF APPLICABLE ☐ PASSENGER ☐ OTHER

TYPE
☐ Open Motorboat ☐ Houseboat ☐ Personal Watercraft
☐ Cabin Motorboat ☐ Pontoon ☐ Canoe
☐ Auxiliary Sailboat ☐ Airboat ☐ Other _____ *Specify*
☐ Inflatable ☐ Sailboat

HULL MATERIAL
☐ Wood ☐ Aluminum
☐ Fiberglass ☐ Steel
☐ Wood/Fiberglass
☐ Other _____ *Specify*

PROPULSION
☐ Outboard ☐ Sail
☐ Inboard ☐ Air Propelled
☐ Inboard/Outboard
☐ Other _____ *Specify*

FUEL
☐ Gas
☐ Diesel
☐ Electric
☐ Other _____ *Specify*

***DRAFT OF VESSEL**
(The depth of water a vessel draws)
FT. _____ IN. _____
**For all vessels 26' or more in length and all sailboats*

USE OF VESSEL
☐ Recreational (Pleasure) ☐ Commercial Blue Crab ☐ Commercial Stone Crab ☐ Government ☐ Commercial Sponge
☐ Dealer/Manuf. ☐ Commercial Fish ☐ Commercial Live Bait ☐ Commercial Shrimp Recip. ☐ Commercial Charter ☐ Commercial Other _____
☐ Exempt ☐ Hire (Livery) ☐ Commercial Mackerel ☐ Commercial Shrimp Non-Recip. ☐ Commercial Oyster ☐ Commercial Spiney Lobster

PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:

Previously Federally Documented Vessel, Attach Copy of:
☐ U.S. Coast Guard Release From Documentation Form; **or** ☐ Copy of Canceled Documentation Papers

State of Principal Use

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)

☐ SHORT TERM LEASE	☐ LONG TERM LEASE	☐ REBUILT	☐ POLICE VEHICLE	☐ PRIVATE USE	☐ TAXI CAB	☐ FLOOD	☐ ILEV	☐ CUSTOM
☐ ASSEMBLED FROM PARTS	☐ BONDED TITLE	☐ KIT CAR	☐ GLIDER KIT	☐ MANUF. BUY BACK	☐ REPLICA	☐ AUTONOMOUS	☐ ELECTRIC	☐ STREET ROD

4 LIENHOLDER INFORMATION

CHECK IF ELT CUSTOMER ☐	☐ FEID # ☐ DL # and Sex and Date of Birth ☐ DMV Account #	Date of Lien	Lienholder's Name

Lienholder's Email Address	Lienholder's Address	City	State	Zip

☐ If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: _____
(Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)

5 TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?

☐ SALE ☐ GIFT ☐ REPOSSESSION ☐ COURT ORDER ☐ OTHER (SPECIFY) _____ **DATE ACQUIRED** _____/_____/_____

6 ODOMETER DECLARATION

WARNING: Federal and State law requires 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 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/OUR KNOWLEDGE THE ODOMETER READING:

☐ 1. **REFLECTS** ACTUAL MILEAGE. ☐ 2. **IS** IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. **IS NOT** THE ACTUAL MILEAGE.

7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)

FLORIDA SALES TAX REGISTRATION NUMBER	DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE

YEAR OF TRADE IN	MAKE OF TRADE IN	TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN

8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

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 LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. **IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, 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 the vehicle identification number to be: _____
(Vehicle Identification Number)

_____ DATE _____ SIGNATURE _____ PRINTED NAME

Law Enforcement Officer or Florida Dealer/Agency Name _____ Badge # or Florida Dealer # _____ Notary Stamp or Seal

FL DMV/Tax Collector Employee _____ Florida Compliance Examiner/Inspector Badge or ID Number_____

COMMISSIONED NAME OF FLORIDA NOTARY: _____ NOTARY'S SIGNATURE _____
(Print, Type or Stamp)

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

☐ PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE _____ CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER

☐ MOTOR VEHICLE ☐ MOBILE HOME ☐ VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL _____ SALES TAX REGISTRATION NUMBER

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: ☐ INHERITANCE ☐ GIFT

☐ DIVORCE DECREE ☐ TRANSFER BETWEEN A MARRIED COUPLE ☐ EVEN TRADE OR TRADE DOWN **(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")**

☐ OTHER: (EXPLAIN) _____

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

☐ I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

☐ **(VESSEL)** A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.

☐ I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).

☐ I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

☐ I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

☐ THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.

☐ THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.

☐ OTHER: (EXPLAIN) _____

12 APPLICATION ATTESTMENT AND SIGNATURES

I/WE PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (More than one form HSMV 82040 may be used for additional signatures.)

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

SIGN HERE _____ **SIGNATURE OF APPLICANT (OWNER)** **Date**

SIGN HERE _____ **SIGNATURE OF APPLICANT (CO-OWNER)** **Date**

13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state(s) as follows: That _____ died on _____.
(Name of Deceased) (Date)

☐ **testate (with a will)** ☐ **intestate (without a will)** and left the surviving heir(s) named below.

☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

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

(More than one form HSMV 82040 may be used for additional signatures.)

Print or Type Name of Spouse, Co-owner or Heir(s)	**Signature of Spouse, Co-Owner or Heir(s)**

That at the time of death the decedent was owner of the motor vehicle, mobile home or 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 motor vehicle, mobile home or vessel to:

_____
Name of Applicant(s) (Print or Type)

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.

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

FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I_____certify that I have
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability

Insurance currently in effect with_____under
(Name of Insurance Company)

_____ covering the following motor vehicle:
(Policy Number) Company Code Number (5 digits)

_____
Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida. I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

_____
Signature of Insured

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.

MIKE FASANO

TAX COLLECTOR/PASCO COUNTY/FLORIDA
POST OFFICE BOX 276/DADE CITY, FLORIDA 33526-0276

VEHICLE IDENTIFICATION NUMBER VERIFICATION AFFIDAVIT

_____	_____	_____	_____
YEAR	MAKE	COLOR	BODY TYPE

_____
VEHICLE IDENTIFICATION NUMBER

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.

SIGN HERE _____
Signature of Buyer/Owner/Registrant

_____
Printed Name of Buyer/Owner/Registrant

Date: _____

SIGN HERE _____
Signature of Seller/Dealer

_____
Printed Name of Seller/Dealer

Date: _____

NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT

Rev 09/2020

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/

Notice of Sale and/or Bill of Sale for a Motor Vehicle, Mobile Home, Off-Highway Vehicle or Vessel

☐ Notice of Sale (Seller must complete sections 1 & 3). The purchaser's signature in section 3 is optional.

☐ Bill of Sale (Seller and purchaser must complete sections 1, 2 (when applicable) & 3).

1. Motor Vehicle, Mobile Home, Off- Highway or Vessel Description

Year	Make/Manufacturer	Body Type	Model	Color

Certificate of Title Number	Current Title Issue Date	Vehicle/Vessel Identification Number

I/we do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:

Print Name(s) of Purchaser(s)

Address	City	State	Zip Code

Date of Sale	Selling price
	$

2. Odometer Disclosure Statement (Required For a Motor Vehicle)

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

WE STATE THAT THIS MOTOR VEHICLE'S ☐ 5 DIGIT OR ☐ 6 DIGIT ODOMETER NOW READS ☐☐☐,☐☐☐.xx (NO TENTHS) MILES, DATE READ _____/_____/_____, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:

☐ 1. REFLECTS THE **ACTUAL MILEAGE.** ☐ 2. IS **IN EXCESS OF ITS MECHANICAL LIMITS.** ☐ 3. IS **NOT THE ACTUAL MILEAGE.**

Affidavit (When applicable):

3. Certification

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

SIGN HERE

Seller's Signature	Seller's Printed Name	Date

Seller's Address	City	State	Zip Code

Co-Seller's Signature (when applicable)	Co-Seller's Printed Name (when applicable)	Date

Co-Seller's Address (when applicable)	City	State	Zip Code

SIGN HERE

Purchaser's Signature	Purchaser's Printed Name	Date
Co-Purchaser's Signature (when applicable)	**Co-Purchaser's Printed name (when applicable)**	**Date**

✱ **OWNERSHIP STATUS FOR THE ABOVE DESCRIBED MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL WILL NOT CHANGE UNTIL THE PURCHASER APPLIES FOR AND IS ISSUED A CERTIFICATE OF TITLE.**

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

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

APPLICATION FOR REPLACEMENT LICENSE PLATE, VALIDATION DECAL OR PARKING PERMIT

*** This form is required if metal license plate being transferred needs to be replaced, see reasons below.

1 REPLACEMENT TYPE

Check applicable box below:

- ☐ License Plate
- ☐ Decal
- ☐ License Plate and Decal
- ☐ Disabled Person Long-Term Parking Permit
- ☐ Disabled Person Temporary Parking Permit
- ☐ HOV (High Occupancy Vehicle) Decal

REPLACEMENT REASON

Check applicable box below:

- ☐ Damaged
- ☐ Surrendered
- ☐ Seized
- ☐ Defaced
- ☐ Stolen (see back)
- ☐ Lost or Destroyed
- ☐ Stolen/Police Report
- ☐ Lost-in-transit (applied for and never received)
- ☐ Voluntary (specific reason for replacement) _____

Please contact your Local County Tax Collector's Office or License Plate Agent for fee information.

2 OWNER / CUSTOMER IDENTIFICATION

(Owner's or Lessee's Name) (Driver License Number)

(Street Address)

(City) (State) (Zip)

3 VEHICLE / VESSEL / MOBILE HOME INFORMATION

(a)

(Vehicle / Hull / Mobile Home Identification Number) (Year) (Make)

(b)

(Previous License Plate Number) (Previous Decal Number) (Previous Parking Placard Number)

4 ATTESTMENT

I hereby certify under the penalty of perjury that the license plate, decal or permit for the vehicle, vessel, or mobile home listed in Section 3 (a), is no longer or has never been in my possession for the reason checked in Section 1. All information herein is true and correct to the best of my knowledge.

SIGN HERE

(Owner/Applicant's Signature) (Date)

Complete the following, if applicable:

_____ was surrendered to the tax collector: _____

(License Plate, Decal, or Parking Permit Number) (County) (Agency)

_____ _____

(Signature of Agency Personnel) (Date)

MIKE FASANO

TAX COLLECTOR/PASCO COUNTY/FLORIDA
POST OFFICE BOX 276/DADE CITY, FLORIDA 33526-0276

Return this form with your application

Date: _____

Owner Name(s): _____

Where would you like registration/receipt mailed to?

Address: _____

City/State/Zip: _____

If we have additional questions regarding your application, how may we contact you?

Phone Number: _____

Email: _____

Please mail your check payable to Mike Fasano, Tax Collector, all signed and completed forms, along with the Manufacturers Certificate of Origin or Title to our office at:

Mail Delivery:
Pasco County Tax Collector
Attn: Motor Vehicle Services
PO Box 276
Dade City, FL 33526

For Overnight Delivery:
Pasco County Tax Collector
Attn: Motor Vehicle Services
14236 6th Street Room 100
Dade City, FL 33523

If you have any questions, or need additional assistance completing the forms, please contact us by email at *mvs@pascotaxes.com* or by phone at 352-521-4360.

REV 03.01.21