

# Charlotte County Tax Collector

Vickie L. Potts

<http://taxcollector.charlottecountyfl.gov>



**Original** Manufacturers Statement of Origin or the **Original** Certificate of Title.

Application for Certificate of Title With/Without Registration (Form 82040). **Complete all applicable areas and sign section 12.**

Copy of **all** applicants' current driver license.

Proof of **Florida** Insurance (Insurance card, policy or Florida Insurance affidavit (form 83330).

VIN verification is required on all out-of-state vehicles being titled in the State of Florida. Any law enforcement agent or licensed car dealer can perform this verification. This can be done on VIN and Odometer Verification (Form 82042) or section 8 of Form 82040. **If the verification is made by an out-of-state licensed car dealer they must make their certification on their dealer letterhead.**

If you are transferring a Florida license plate submit a copy of the Florida Vehicle Registration.

Copy of the bill of sale, dealer invoice or buyer's order.

Odometer disclosure completed by both transferors and transferees. Representatives for the dealership must include the agency title.

If this is a lease vehicle also include a copy of the lease agreement, Power of Attorney from the titled owner (lease company) appointing the registrant as their attorney-in-fact, and the Florida Sales Tax Registration Number.

The fee is \$ \_\_\_\_\_ made payable to the Charlotte County Tax Collector. This fee will consist of sales tax, title, initial fee, license plate, registration, mail, and late (if applicable) fees.

If paying by credit card (Master Card, Discover, American Express) provide the card information. This consists of the card holder's name, mailing address, and phone number associated to the credit card, card number, the 3 or 4 digit security code and expiration date. There is a 2.5% fee assessed for the use of credit cards based on the amount of transaction.

Telephone/Email (Optional) \_\_\_\_\_

Other \_\_\_\_\_

## CHARLOTTE COUNTY TAX COLLECTOR

Murdock Motorist Services

18500 Murdock Circle | Port Charlotte, FL 33948

Phone: 941.743.1350 | Fax: 941.743.1311

# 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/](http://www.flhsmv.gov/offices/)

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

<b>1 OWNER / APPLICANT INFORMATION</b>												
Customer Number		Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>			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		Unit Number		Fleet Number	
					Owner <input type="checkbox"/> yes <input type="checkbox"/> no		Co-Owner <input type="checkbox"/> yes <input type="checkbox"/> no					
<input type="checkbox"/> OR <input type="checkbox"/> 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: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy By the Entirety <input type="checkbox"/> With Rights of Survivorship <input type="checkbox"/> 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. <input type="checkbox"/>				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			

<b>2 MOTOR VEHICLE , MOBILE HOME OR VESSEL DESCRIPTION</b>										
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 <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER		
<b>TYPE</b> <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat <input type="checkbox"/> Other _____ Specify			<b>HULL MATERIAL</b> <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ Specify		<b>PROPULSION</b> <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ Specify		<b>FUEL</b> <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ Specify		<b>*DRAFT OF VESSEL</b> (The depth of water a vessel draws) FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats	
<b>USE OF VESSEL</b> <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Government <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Other _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Spiny Lobster								PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:		
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers						State of Principal Use				

<b>3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)</b>									
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ILEV	<input type="checkbox"/> CUSTOM	
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD	

<b>4 LIENHOLDER INFORMATION</b>									
CHECK IF ELT CUSTOMER <input type="checkbox"/>	<input type="checkbox"/> FEID #	<input type="checkbox"/> DL # and Sex and Date of Birth		<input type="checkbox"/> DMV Account #	Date of Lien		Lienholder's Name		
Lienholder's Email Address			Lienholder's Address			City	State	Zip	
<input type="checkbox"/> 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)									

<b>5 TRANSFER TYPE</b>									
IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL 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 ____/____/____		

<b>6 ODOMETER DECLARATION</b>									
<b>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.</b>									
I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .XX (NO TENTHS) MILES, DATE READ ____/____/____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:									
<input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE.			<input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS.			<input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE.			

<b>7 DEALER SALES TAX REPORT AND VEHICLE TRADE IN INFORMATION (IF APPLICABLE)</b>									
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: (Print, Type or Stamp) NOTARY'S SIGNATURE

**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 transfer 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/WWE 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.

SIGNATURE OF APPLICANT (OWNER) Date SIGNATURE OF APPLICANT (CO-OWNER) Date

**13** RELEASE OF SPOUSE OR HEIRS INTEREST

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

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/>

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

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**INITIAL REGISTRATION FEE EXEMPTION AFFIDAVIT**

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY	PREV. STATE	TITLE NO.

**PLEASE CHECK THE APPROPRIATE BOX AND SIGN**

The applicant claims exemption from the \$225.00 Initial Registration Fee, which is imposed on the initial application for registration on a motor vehicle, and attests to one of the following:

- I am a qualifying member of the U.S. Armed Forces, or his or her spouse or dependent child. **I am claiming exemption # \_\_\_\_\_ (see list on the reverse side of this form in section A, 1-6, which also lists the required documents). Select exemption reason of "military." The customer must complete and sign this form to claim the exemption.**
  
- A Court Order declares/specifies that the applicant is the legal owner of the above described motor vehicle. Select exemption reason of "court order." (A copy of the court order must be submitted.)
  
- A license plate is being transferred (for a name change) due to a fictitious name change affidavit or corporate name change affidavit properly filed with the Department of State, pursuant to section 865.09, Florida Statutes. Select exemption reason of "administrative." (A copy of the name change affidavit from the Department of State must be submitted.)
  
- A transfer of ownership on a Florida Certificate of Title has occurred due to operation of law as provided by section 319.28, Florida Statutes. Select exemption reason of "operation of law." (A copy of the documentation which validates how the vehicle was acquired must be submitted.)
  
- A transfer of ownership on a Florida Certificate of Title has occurred from a person to a member of that person's immediate family as defined in 657.002, Florida Statutes, who resides in the same household. Select exemption reason of "immediate family." (**NOTE: The address of the previous owner and new owner must be the same in the FRVIS system).**
  
- A prior registration or system printout has been submitted for the following license plate number (\_\_\_\_\_), in order to claim the initial registration exemption for the recently acquired above described vehicle. Select exemption reason of "prior registration."

**AN EXEMPTION REASON MUST BE SELECTED IN THE SYSTEM TO RECORD EXEMPTION.**

**Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Date

**NOTE: Owner's signature is only required for the military exemption.**

**FOR FLORIDA DMS OR TAX COLLECTOR/LICENSE PLATE AGENCY USE ONLY**

**NOTE: Employee must verify (below) all exemptions (listed above):**

- The exemption (checked above) has been verified by (County #) \_\_\_\_\_ (Agency #) \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Date

## **A. LIST OF QUALIFYING MILITARY EXEMPTIONS:**

1. I am a member of the U. S. Armed Forces, or his or her spouse or dependent child, who is not a Florida resident and is stationed in the state of Florida on military orders. Submit a copy of your military orders and out of state driver license.
2. I am a member of the U. S. Armed Forces, or his or her spouse or dependent child, who is/was not a Florida resident and is stationed in the state of Florida on military orders and is now becoming a resident of Florida. Submit a copy of your military orders and Florida driver license.

**NOTE: The prior non-resident member or his/her spouse or dependent child would qualify for this exemption even if the vehicle were not previously registered in Florida as a "Registration Only." Some members retain an out of state license plate for their vehicle from their state of residence while stationed in Florida.**

3. I am a former member of the U.S. Armed Forces, or his or her spouse or dependent child. I purchased this motor vehicle while stationed outside Florida. I was not dishonorably discharged nor discharged for bad conduct. I was a resident of Florida at the time of enlistment and discharge and continue to be a resident of Florida. I am applying for registration within 6 months after discharge. Submit a copy of your Discharge Order (DD214) and Florida driver license.
4. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida. I have been reassigned by military orders to this state. Submit a copy of your military orders and Florida driver license.
5. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida, and continue to be stationed outside of Florida. Submit a copy of your military orders and Florida driver license.
6. I am a resident of Florida and a spouse or dependent child of a member of the U.S. Armed Forces, who lost his/her life (submit proof of military death notification) or is listed as "Missing in Action" (MIA) (submit proof of MIA status).

**NOTE: The member of the armed forces must have been a resident of Florida at the time of enlistment. Registration must occur within one (1) year of notification of death or MIA status.**

## **B. THIS FORM SHOULD NOT BE USED WHEN:**

1. The U.S. armed forces member is not a resident of Florida **AND** is not assigned by military orders to the state of Florida.
2. The U.S. armed forces member is dishonorably discharged or discharged for bad conduct.

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