

## **INFORMATION PACKET**

### **MANUFACTURER'S CERTIFICATE OF ORIGIN (MCO) NEW VEHICLES**

This packet has been designed by the Seminole County Tax Collector to help expedite the process of applying for a Florida title using a Manufacturer's Certificate of Origin (MCO). This is a NEW vehicle purchased from a licensed dealer.

Required Documents to apply for a Florida Title:

1. The original MCO properly assigned to the purchaser.
2. A completed HSMV 82040, Application for Certificate of Title with/without Registration must be completed and signed by the purchaser(s).
3. An Odometer Disclosure Statement or the back of the MCO odometer disclosure section completed.
4. A Bill of sale. When a vehicle is registered to a Seminole County resident, a 6% sales tax will be due. Sales tax is collected on the sale price less the trade-in. Credit may be allowed for sales tax paid in another state.
5. Proof of Florida insurance: A Florida insurance card, policy, or binder.
6. If transferring a valid Florida license plate, submit a copy of the current Florida registration
7. Registration fees are determined by the vehicle weight, applicant's date of birth, usage, and license plate type.

If you need further assistance, please contact our office at 407-665-1000.

**SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE**

[www.flhsmv.gov/offices/](http://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		Vehicle/Vessel Identification Number		
<b>I/we do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:</b>				
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.**

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
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/>

**STATE OF FLORIDA**  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**DIVISION OF MOTOR VEHICLES**  
2900 Apalachee Parkway  
NEIL KIRKMAN BUILDING, TALLAHASSEE, FLORIDA 32399-0610

**SEPARATE ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT**

<b>VEHICLE DESCRIPTION</b>					
Vehicle Identification Number	Year	Make	Color	Body	Title Number
<b>ODOMETER DISCLOSURE STATEMENT</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 and/or imprisonment.**

WE STATE THAT THIS  5 or  6 DIGIT ODOMETER NOWS READS \_\_\_\_\_ , \_\_\_\_\_ .XX (NO TENTHS) MILES,  
DATE READ \_\_\_\_/\_\_\_\_/\_\_\_\_\_, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE  
ODOMETER READING:

- CAUTION:**  
Read carefully before checking a box.
- 1. REFLECTS ACTUAL MILEAGE.
  - 2. IS IN EXCESS OF ITS MECHANICAL LIMITS.(EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS)
  - 3. IS NOT THE ACTUAL MILEAGE. **WARNING – ODOMETER DISCREPANCY**

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

Seller's Signature	Seller's Printed Name	
Seller's Street Address		
City	State	Zip

Buyer's Signature	Buyer's Printed Name	
Buyer's Street Address		
City	State	Zip

**WHO IS AUTHORIZED TO COMPLETE THIS FORM?**

ANY PERSON WHO IS BUYING OR SELLING A MOTOR VEHICLE AND WHO MUST MAKE OR ACKNOWLEDGE AN ODOMETER DISCLOSURE, IN ORDER TO COMPLY WITH STATE OR FEDERAL ODOMETER DISCLOSURE LAW.

**WHEN SHOULD THIS FORM BE USED?**

1. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN SOLD.
2. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN PURCHASED.
3. WHEN AN ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT BETWEEN THE BUYER AND THE SELLER IS REQUIRED, BUT NO ODOMETER DISCLOSURE STATEMENT HAS BEEN MADE ON ANOTHER STATE OR FEDERAL FORM.

**WHEN SHOULD THIS FORM NOT BE USED?**

1. WHEN A FLORIDA TITLE WHICH WAS ISSUED ON OR AFTER APRIL 29, 1990 IS AVAILABLE.
2. WHEN A FORM HSMV 82994, MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT, HAS BEEN USED.
3. WHEN A FORM HSMV 82995, MOTOR VEHICLE DEALER POWER OF ATTORNEY/ODOMETER DISCLOSURE, HAS BEEN USED.
4. WHEN AN OUT-OF-STATE TITLE, WHICH CONFORMS TO FEDERAL LAW, IS USED TO TRANSFER A MOTOR VEHICLE.

**FILING:**

1. COPIES SHOULD BE EXCHANGED BETWEEN THE SELLER AND THE BUYER. DEALERS MUST RETAIN THIS DOCUMENT IN THEIR RECORDS FOR A PERIOD OF FIVE YEARS.
2. IT IS NOT NECESSARY TO FILE THIS FORM OR ANY COPY OF THIS FORM WITH THE STATE OF FLORIDA, UNLESS REQUESTED TO DO SO BY THE DIVISION OF MOTOR VEHICLES.

**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 _____ 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>										
<input type="checkbox"/> CHECK IF ELT CUSTOMER	<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: _____ (Signature of Lienholder's Representative) (Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder.										

<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 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.

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