



DIANE HUTCHINGS
 — TAX COLLECTOR —
 SERVING CLAY COUNTY

Clay County Tax Collector: Military Motor Vehicle Checklist

FOR ACCURACY IN PROCESSING, PLEASE TYPE THE INFORMATION ON THIS FORM PRIOR TO PRINTING.

NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

FLORIDA PHONE #: _____ **OUT-OF-STATE PHONE #:** _____

E-MAIL ADDRESS: _____

PAYMENT: **CHECK** **MONEY ORDER** **CREDIT CARD**

IN ORDER TO OBTAIN A FLORIDA CERTIFICATE OF TITLE, YOU MUST SUBMIT THE FOLLOWING DOCUMENTATION:

1. IDENTIFICATION REQUIREMENTS: ALL INDIVIDUAL(S) MUST SUBMIT A COPY OF ONE OF THE FOLLOWING WITH THE APPLICATION FOR TITLE:

- A DRIVER LICENSE OR ID CARD WITH PHOTO ISSUED BY ANY US STATE OR TERRITORY
- A CANADIAN DRIVER LICENSE OR ID CARD
- A US OR OUT-OF-COUNTRY PASSPORT
- IF TRANSACTION IS BEING COMPLETED BY [POWER OF ATTORNEY \(HSMV #82053\)](#) A COPY OF THE DRIVER LICENSE FOR BOTH THE APPLICANT AND THE PERSON APPOINTED POWER OF ATTORNEY IS REQUIRED.

2. APPLICATION FOR CERTIFICATE OF TITLE (HSMV 82040):

PLEASE NOTE: FOR MILITARY PERSONNEL CLAIMING A FLORIDA INSURANCE EXEMPTION, AN OUT OF STATE ADDRESS FOR MAILING PURPOSES IS REQUIRED IN SECTION 1 OF THE APPLICATION FOR CERTIFICATE OF TITLE (HSMV 82040) UNDER THE “OWNER’S MAILING ADDRESS (MANDATORY)” SECTION. IT IS MANDATORY THAT A FLORIDA ADDRESS MUST BE PROVIDED IN SECTION 1 OF THE APPLICATION FOR CERTIFICATE OF TITLE (HSMV 82040) UNDER THE “OWNER’S OR LESSEE’S PHYSICAL STREET ADDRESS IN FLORIDA (MANDATORY)” SECTION.

- COMPLETE SECTIONS 1, THRU 6. IF COMPANY OWNED, AN FEID NUMBER MUST BE PROVIDED.
- IF OUT-OF-STATE TITLE, SECTION 8 MUST BE COMPLETED BUT ONLY BY A LAW ENFORCEMENT OFFICER, MILITARY POLICE OR A FLORIDA CERTIFIED NOTARY.

- All applicants MUST sign section 12. (If signing as an agent of a business, the agent's position with the business must be noted.)

3. **ONE OF THE FOLLOWING MUST BE SUBMITTED TO SHOW PROOF OF OWNERSHIP:**

(CAUTION: COPIES CANNOT BE ACCEPTED AS PROOF OF OWNERSHIP)

- **NEW CARS:** MANUFACTURER'S STATEMENT OF ORIGIN (MSO)

NOTE: Odometer disclosure statement must be completed on back of the MSO or original odometer disclosure statement completed by Dealer & Purchaser must be submitted.

- **USED CARS:** FLORIDA TITLE OR OUT-OF-STATE CERTIFICATE OF TITLE

NOTE: Used cars 10 years or newer require the odometer and the date read to be disclosed on the title assignment per Federal Odometer Laws.

THE TITLE MUST BE SIGNED OVER THE PURCHASER AND SELLER LINES AND THE ODOMETER DISCLOSURE STATEMENT & APPLICABLE DATE MUST BE COMPLETED WHEN:

- Ownership is changing
- Adding/ removing a name
- Transferring to/from a trust
- Name change

4. **BILL OF SALE OR COPY OF DEALER INVOICE:**

- Required for purchases and vehicles already titled in the proper owner's name for less than 6 months.
- Not required on vehicles titled or registered in the owner's name for 6 months or longer.

Note: An Exemption from Florida Sales Tax Affidavit may apply if a member of the United States military, who is a permanent Florida resident, is station outside Florida, purchases a vehicle outside of Florida (but in the United States) and is applying for a Florida title and registration. The transfer of title and registration of the vehicle is not subject to Florida sales and use tax if the vehicle will not be brought into Florida within 6 months from the date of the purchase. A dealer invoice/ Bill of sale must also be submitted. A copy of the military member's orders indicating military member is station outside of Florida (not to expire for at least six months from the date of application for Florida title). The affidavit attesting to the following:

- I am a resident of the State of Florida
- I am currently residing outside of Florida pursuant to military orders.
- The vehicle/vessel will be held outside of Florid for longer than 6 months.
- I will not bring the vehicle/vessel into the State of Florida within 6 months from the date of purchase, even for temporary reasons.

- I recognize that I owe tax to the state in which the motor vehicle was purchased, unless a specific exemption applies.
- I do not intend to avoid sales or use tax in any state by registering the vehicle/vessel in Florida.

5. CURRENT REGISTRATION:

If you are transferring a current Florida license plate that is registered to the owner(s) of this vehicle, a copy of the current registration or the following information is required:

Florida License Plate Number to be transferred: _____

6. MILITARY ORDERS:

A copy of your military orders must be submitted to prove that you are a resident stationed outside of Florida.

7. INITIAL REGISTRATION EXEMPTION FORM (HSMV #82002)

This [Initial Registration Exemption form \(HSMV #82002\)](#) is to exempt the Registration Fee to qualified military members. The top section must be completed with the vehicle information. Military Members must review page 2 of this application and select qualifying exemption and enter the exemption number on page 1. The military member must sign, print and date the bottom of the form.

8. PROOF OF INSURANCE WITH FLORIDA LICENSED INSURANCE COMPANY:

Insurance in Florida by an out-of-state insurer is not sufficient; insurance must be furnished from a company licensed in Florida.

Please note: This affidavit attached may only be completed if you have a current Florida insurance policy. If you are exempt from Florida insurance because you are a permanent Florida resident stationed outside of the state of Florida and have a current out-of-state insurance policy, please complete the [Military Insurance Exemption Form](#) and check the appropriate box.

***Important update effective July 1, 2012, the Department of Motor Vehicles requirements for military members stationed out-of-state.** A letter on letterhead stationary from the out-of-state insurance company/agent stating that the military member is currently insured in the state where he/she is actively stationed. This letter should contain all policy information including name of insured, effective date of insurance, insurance company name, policy number, and vehicles covered. (A faxed letter on letterhead stationary is permissible.)

9. CHECK, MONEY ORDER, OR CREDIT CARD:

- Your check or money order is welcome provided it includes: Full Name, Street Address, Driver License Number, along with your phone number with the area code.
- Credit Cards (a 2.5% convenience fee applies) payable with American Express, Discover, MasterCard & Visa. Payment will be collected over the phone.

10. MAIL YOUR PAPERWORK TO:

Clay County Tax Collector
ATTN: Motor Vehicle Department
477 Houston Street
Green Cove Springs, FL 32043

Note: Please allow 5 – 7 business days for processing and mail time. *Fast titles require additional signature by mail and additional fees.

Note: It is not required but suggested that title work be mailed overnight mail or certified mail so it may be tracked by the sender. The sender is responsible to confirm delivery of title work to our office with mail provider (i.e. Fed Ex, UPS, and USPS). There is a 10 business day turnaround time upon receipt of title work.

Military Packet Forms

Forms include:

- Power of Attorney Form (HSMV #82053) a copy of the driver license for both the applicant and the person appointed power of attorney is required.
- Application for Certificate of Title (HSMV #82040) - for military personnel claiming a Florida Insurance exemption, and out-of-state address for mailing purposes is required. Please see instructions under #2 of this packet.
- Initial Registration Fee Exemption on Affidavit (HSMV #82002)
- Hope Scholarship Program Contribution Election
- Certificate of Entitlement for U.S. Military Service Personnel (Currently Stationed in a State Other Than Florida) Claiming an Exemption from Florida Sales Tax
- Florida Insurance Affidavit (HSMV #83330)
OR
- Certificate for a Florida Resident who is or who is the Spouse of an Active-Duty U.S. Military Member Currently Stationed in a State or Territory Other Than Florida. (Include a copy of Insurance Card from that State or Territory)

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME, VESSEL or VESSEL with TRAILER

Please submit this form to your local tax collector office or license plate agent.

<http://www.flhsmv.gov/locations/>

As of today, ___/___/___, I/we hereby name and appoint, _____,

(Full Legibly Printed Name is Required)

to be my/our 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, vessel, or vessel with a trailer 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 or 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.

Please check only one of the following options:

- Motor Vehicle Mobile Home Vessel **Vessel with an Untitled Trailer**
(Trailers less than 2,000 pounds) **Vessel with a Titled Trailer**
(Trailers 2,000 pounds or more)

Year	Make/Manufacturer	Body Type	Title Number	Vehicle Identification Number (VIN)/ Hull Identification Number (HIN)

NOTICE TO OWNER(S): Please 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.

Legibly Printed Name of Owner ("Grantor")			Signature of Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Owner			Date of Birth of Owner, if applicable	
Owner's Address		City	State	Zip Code
Legibly Printed Name of Co-Owner ("Grantor"), if applicable			Signature of Co-Owner ("Grantor")	
Driver License, Identification Card or FEID Number of Co-Owner			Date of Birth of Co-Owner, if applicable	
Co-Owner's Address		City	State	Zip Code

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.

A licensed dealer and his/her employees are considered a single entity. The Owner and/or Co-owner must be the same for ALL vehicles, mobile homes, vessels, or vessels with a trailer listed above.

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. <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		

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 <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER	
TYPE <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			HULL MATERIAL <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			PROPULSION <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			FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> 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 <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					

3 BRANDS, USAGE AND TYPE (Check Applicable Boxes)									
<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	

4 LIENHOLDER INFORMATION									
<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.									

5 TRANSFER TYPE									
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 ____/____/____		

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 <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.			

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: (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/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

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

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.fhsmv.gov/offices/

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.

_____ Printed Name of Owner _____ Date

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

FOR FLORIDA DMS, TAX COLLECTOR/LICENSE PLATE AGENT, OR AUTHORIZED EFS AGENTS (FLORIDA DEALER) USE ONLY

NOTE: Employee/EFS Agent must verify (below) all exemptions (listed above):

The exemption (checked above) has been verified by (County #) _____ (Agency #) _____ (Dealer License #) _____

_____ Printed Name of Employee/EFS Agent _____ Date

A. LIST OF QUALIFYING MILITARY EXEMPTIONS:

1. I am a member of the U.S. Armed Forces (includes Navy, Army, Marines, Coast Guard and Air Force), 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 U.S. 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.
3. You are a member of a uniformed service, but not the U.S. Armed Forces.

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



Hope Scholarship Program Contribution Election

The Hope Scholarship Program (Program) provides a public-school student who was subjected to an incident of violence or bullying at school the opportunity to apply for a scholarship to attend an eligible private school rather than remain in an unsafe school environment.

Beginning on or after October 1, 2018, when you purchase or register a motor vehicle qualifying for the Program in Florida, you may designate \$105 per vehicle to an eligible nonprofit scholarship-funding organization participating in the Program. If the state sales tax due is less than \$105, you may designate the amount of state sales tax due. Your motor vehicle dealer, county tax collector, or private tag agent will remit your contribution to the organization and remit the remaining state sales tax and surtax to the Florida Department of Revenue.

To make your contribution to the Program, complete the following. Sign and date.

Eligible Nonprofit Scholarship-Funding Organization: Step Up for Students, Inc.		Contribution Amount (Lesser of \$105, or state sales tax due):	
Vehicle Owner's Name:			
Mailing Address:			
City:	State:	ZIP:	
Vehicle Co-Owner's Name:			
Mailing Address:			
City:	State:	ZIP:	
Vehicle Year:	Vehicle Manufacturer:	Vehicle Identification Number:	
Signature of Owner:			Date:
Signature of Co-Owner*:			Date:

*For vehicles owned by more than one person, the signature of the owner and the co-owner is required.

For use by motor vehicle dealer, county tax collector, or private tag agency.

**Certificate of Entitlement for U.S. Military Service Personnel
(Currently Stationed in a State Other Than Florida) Claiming an Exemption from
Florida Sales Tax**

I _____, am a military member who has purchased the
(Name of Military member)

motor vehicle/vessel listed below in _____ while stationed outside of
Florida:
(State)

(Year) (Make of Vehicle/Vessel) (Vehicle/Vessel identification Number)

I am certifying the following:

- I am a resident of the state of Florida.
- I am currently residing outside of Florida pursuant to military orders.
- The vehicle/vessel will be held outside of Florida for longer than 6 months.
- I will not bring the vehicle/vessel into the state of Florida within 6 months from the date of purchase, even for temporary reasons.
- I recognize that I owe tax to the state in which the motor vehicle was purchased, unless a specific exemption applies.
- I do not intend to avoid sales or use tax in any state by registering the vehicle/vessel in Florida.

I understand that if I fraudulently issue this certificate to evade the payment of sales tax I will be liable for payment of the sales tax plus a penalty of 200% of the tax and may be subject to conviction of a third degree felony.

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

(Date)

(Signature of Military Member)

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.

**Certificate for a Florida Resident who is or who is the Spouse of an
Active-Duty U.S. Military Member Currently Stationed in a
State or Territory Other Than Florida**

AFFIDAVIT

I, _____, am an active-duty military member or the
(Name of Active-Duty Military member or his/her Spouse) spouse of an active-duty military member and reside
with my spouse, and maintain the motor vehicle/vessel listed below while I am, or my spouse
is stationed outside of Florida:

(Year)

(Make of Vehicle/Vessel)

(Vehicle/Vessel identification Number)

I certify that:

- I am, or my spouse is, an active-duty military member who is a Florida resident and who claims Florida as his/her home of record.
- I am, or my spouse is, an active-duty military member currently residing outside of Florida pursuant to military orders and, effective _____, stationed or posted in _____
(Date) (State or Territory)
- The vehicle listed above is primarily maintained in the state or territory shown above where I am, or my active-duty military spouse is, stationed or posted.
- I, or my spouse, comply with the insurance or financial security requirements of the state or territory shown above where I am, or my active-duty military spouse is, stationed or posted.

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

(Signature of Military Member or Spouse)

Did you include all required documents?

- ___ Your contact information on the front cover page of the Mail Packet
 - ___ Proof of Identification (for **all** applicants) (Copy of Driver Licenses, etc.)
 - ___ Military orders showing assigned duty station
 - ___ Application for Title (form 82040) — 2 pages
 - ___ All applicable sections and section 12 **signed** by all applicants? Did you provide the mandatory Florida physical address in section 1?
 - ___ Original Certificate of Origin (if purchased brand new) or Original Certificate of title (if purchased used). Photocopies cannot be accepted.
 - ___ Separate Odometer Disclosure (On new purchases & vehicles 10 years and newer)
 - ___ Is the title signed over between buyer and seller with the odometer disclosure statement & applicable dates completed (when applicable)?
 - ___ Bill of Sale and/or copy of dealer invoice if purchased
 - ___ Power of Attorney (if applicable)
 - ___ Current registration (if transferring a valid Florida license plate) and did you write the plate information on the mail packet in the plate transfer section?
 - ___ **Station in Florida:** Complete Florida Insurance Affidavit in its entirety (Owner's name, insurance company name, policy number, insurance company's Florida 5 digit company code and owner's signature). **Note:** This affidavit can only be completed if you have a Florida policy/agent. If you currently do not have a Florida policy/agent, you must contact your insurance company to have your policy changed to Florida before you can be issued a Florida license plate/registration.
 - ___ **Stationed Out of State::** Certificate for a Florida Resident who is or who is the Spouse of an Active-Duty U.S. Military Member Currently Stationed in a State or Territory Other Than Florida Affidavit completed **and** a copy of your out of state insurance card.
- Check / Money Order in US funds made payable to **Diane Hutchings, Clay County Tax Collector**. Checks must include:
- Full Name
 - Street Address
 - Full Phone Number (xxx)xxx-xxxx
 - Driver's License Number

**** Credit Card Information will be collected over the phone at the time of processing.