

FEE CHART AND WORKSHEET FOR APPLICATION FOR FLORIDA TITLE

The 12-month registration period for vehicles weighing less than 5000 pounds begins the first day of the owner's birth month. Exception: Company-owned vehicles use the month of June. To determine the number of months required (the max. is 27 months), start with the month the vehicle is being registered in Florida and count through the month PRIOR to the owner's birth month. Example: You are registering your vehicle in Nov. and your birth month is June; Nov. through May is 7 months. New vehicle purchases start with the purchase month. Chart not applicable for leased vehicles, please call for fees.

CAR	PICKUP TRUCK	1-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.		
Thru 2499 pounds	Thru 1999 pounds	\$56.10	\$70.60	\$75.40	\$84.20	\$98.70	\$103.50		
2500-3499 pounds	2000-3000 pounds	\$64.10	\$86.60	\$91.40	\$100.20	\$122.70	\$127.50		
3500 & Up pounds	3001-5000 pounds	\$74.10	\$106.60	\$111.40	\$120.20	\$152.70	\$157.50		
MOTORHOME		1-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.		
Thru 4499 pounds		\$67.10	\$94.10	\$97.40	\$106.20	\$133.20	\$136.50		
4500 & Up pounds		\$87.35	\$134.60	\$137.90	\$146.70	\$193.95	\$197.25		
MOTORCYCLE		1-6 Mo.	7-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.	
		\$47.60	\$52.60	\$55.10	\$60.90	\$77.20	\$79.70	\$85.50	
TRAVEL TRAILER		1-3 Mo.	4-6 Mo.	7-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.
Up to 35 feet			\$67.10	\$94.10	\$97.40	\$106.20	\$133.20	\$136.50	
Over 35 feet		\$46.36	\$52.60	\$87.35	\$134.60	\$137.90	\$146.70	\$193.95	\$197.25

1. License Plate Fee:

From the amounts listed on the rate chart above or if you are transferring a current Florida registration: \$ _____ (1)
Autos/Trucks under 5000 pounds ----- \$ 4.60
Leased Vehicles or Trucks over 5000 pounds ----- CALL FOR FEES
All other transfers: i.e. motorhomes / motorcycles / travel trailers ----- \$ 9.10

2. Initial Plate Fee: (motorcycles & travel trailers exempt)

Charged for each vehicle unless transferring Florida plate ----- \$ 225.00 (2)

3. Title Fee: (CHOOSE ONLY ONE)

Vehicle currently titled in Florida ----- \$ 75.75 (3)
Vehicle with a title from another state ----- \$ 85.75
New vehicle with Florida Manufacturer's Certificate of Origin ----- \$ 77.75
New vehicle with an Out-of-State Manufacturer's Certificate of Origin ----- \$ 75.75
New RV/Motorhome with Manufacturer's Certificate of Origin ----- \$ 78.75

4. Title Options: (CHOOSE ONLY ONE)

Electronic Title – A paper title is NOT issued ----- NO FEE (4)
Paper Title – A paper title is mailed in approximately 20 days ----- \$ 2.50
Fast Title – A paper title is mailed immediately (NOT AVAILABLE WITH LIEN) ----- \$ 10.00

5. Late Fee:

If completed application not received in our office within 30 days from purchase date- \$ 20.00 (5)

6. Sales Tax:

Not applicable if the vehicle has been owned for more than six (6) months and sales tax was paid. \$ _____ (6)

- A. Purchase Price (refer to Taxable Items page) \$ _____ A
- B. Trade In \$ _____ B
- C. Taxable Value (A - B) \$ _____ C
- D. County Sales Tax (1% of taxable value) **not to exceed \$50** \$ _____ D
- E. State Sales Tax (6% of taxable value) \$ _____ E
- F. Less Sales Tax paid in another state (attach proof) \$ _____ F
- G. **Total Florida Sales Tax (D + E - F) - Enter on Line 6**

7. Lien Fee:

If there is a lien on the vehicle, include the lien fee for the new title ----- \$ 2.00 (7)

8. TOTAL AMOUNT DUE: (ADD LINES 1 THROUGH 7)

\$ _____ (8)

PAYMENT AUTHORIZATION FORM The processing company charges 2.35% fee, minimum \$1.50, for credit and \$1.50 for debit.

Customer Name _____

Cardholder Name _____ OR Check if same as customer name

Daytime Phone _____ Amount Authorized to Charge: Not to Exceed \$ _____ (U.S. Dollars)

Credit Card Type: AMERICAN EXPRESS DISCOVER MASTERCARD VISA

Credit Card Number _____ - _____ - _____ - _____ Expiration Date _____ - _____

Note: When work is completed, if amount needed is greater, we will contact you before making any change.

Signature of Card Holder _____

TAXABLE ITEMS

If any of the below miscellaneous fees marked yes are on your bill of sale, the associated cost should be added to the purchase price of the vehicle to calculate sales tax on line 6A of the Worksheet for Application for Florida Title.

MISCELLANEOUS FEES	YES	NO
Accessories	X	
Admin Fee	X	
Arbitration Fee	X	
Business Tax	X	
Car Care System	X	
Clerical Fee	X	
Customer Service Fee	X	
Dealer Business License Tax	X	
Dealer Inventory Tax	X	
Delivery Fee	X	
Dent Coverage		X
Deputy Fee	X	
Doc. & Title Fee	X	
Documentary Fee	X	
Easy Care (extended warranty)		X
Electronic Filing Fee	X	
Emergency Road Service		X
ESP (Extended Warranty)		X
Extended Maintenance Agreement		X
Extended Warranty		X
Federal Excise Tax (FET) (listed separately)		X
Fleet Discount	X	
Freight from Dlrshp to Customers Home		X
Freight from Mfg. to Dealer	X	
GM Card Discount		X
Gap Protection		X
Gas Guzzler Tax	X	
Gross Receipts Tax	X	
Inspection Fee	X	
Installation of Accessories	X	
License Fee		X
Loyalty	X	
Mag Warranty (Theft protection)	X	
Maintenance Plan (oil changes & service)		X
Manufactured Excise Tax (listed separately)	X	
Market Retention	X	
Messenger Service	X	
MVA - Discount		X
Mfg. Incentive	X	
Nitrofill (air in tires)	X	

MISCELLANEOUS FEES	YES	NO
Notary Handling	X	
Online Processing Fee	X	
Portfolio (Extended warranty)		X
Premium Care Warranty		X
Processing Fee	X	
Procurement (Processing fee)	X	
Rebate	X	
Security	X	
Service Warranty		X
Smog Fee/Emissions	X	
T & W Protection (Tire & Wheel)		X
Tire Recycle Fee	X	
Tire Tax	X	
Title Fee		X
Trade In		X
TDR (Theft Deterrent Registration)	X	
Undercoating	X	
Vehicle Inventory Tax	X	
Vin Etching	X	
VSI Warranty Ins.		X
VTR (Anti Theft Protection)	X	
Warranty Insurance		X
Warranty Tax/Warranty Rights Fee	X	
Waste Tire Mgmt. Fee	X	



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

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

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

Note: All fields are required unless otherwise stated or not applicable.

Application Type: Original Transfer

Request to print Certificate of Title: No Yes: In office Yes: Mailed

Off-Highway Vehicle Type: All-Terrain Vehicle (ATV)

Recreational Off-Highway Vehicle (ROV)

Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number	Fleet Number	Unit Number	Owner's County of Residence		
Owner Details:	Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO		
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")		Select, if applicable: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy by the Entirety <input type="checkbox"/> With Rights of Survivorship			
Owner's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)	Owner's Phone Number (Voluntary)	Owner's Email (Voluntary)	Sex	Date of Birth	
FL DL/ID or FEID/Suffix Number	Owner's Mailing Address	City	State	Zip Code	
Owner's Residential Street Address		City	State	Zip Code	
Mail To Customer Name (If different from above owner)	Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex	Date of Birth	
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)	City	State	Zip Code	
Co-Owner Details:	Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's Phone Number (Voluntary)	Co-Owner's Email (Voluntary)	Sex	Date of Birth
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address	City	State	Zip Code	
Co-Owner's/Lessee's Residential Street Address		City	State	Zip Code	

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN)	Florida Title Number	License Plate Number	Previous State of Issue		
Make/Manufacturer	Model	Year	Body	Color	Length Ft. ___ In ___
Weight	GVW	BHP/CC			
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other	Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric				

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

Assembled from Parts Autonomous Bonded Title Custom Electric Flood Glider Kit ILEV Kit Car
 Long Term Lease Manuf. Buy Back Police Veh. Private Use Rebuilt Replica Short Term Lease Street Rod Taxicab

Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB	Lienholder's Phone Number (Voluntary)	Lienholder's Email (Voluntary)		
Date of Lien	Lienholder's Mailing Address	City	State	Zip Code	
Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.)		<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the motor vehicle title to the owner and sign here: _____			

Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle acquired? Inheritance Date Acquired: ____ / ____ / ____

Sale (Price: \$ _____ . ____) Gift Repossession Court Order Other (Specify): _____

Section 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 miles. Date Read: ____ / ____ / ____.

(No tenths)

I/we hereby certify that to the best of my/our knowledge the odometer reading:

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



**FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE**

Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION (If applicable)				
Florida Sales Tax Registration Number	Dealer License Number	Date of Sale	Amount of Tax	Dealer/Agent Signature
Year of Trade In	Make of Trade In	Title Number of Trade In (If known)	Vehicle Identification Number (VIN) of Trade In	

Section 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 Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. **Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.**

I, the undersigned, certify that I have physically inspected the above-described vehicle:

Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date
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Select which option best represents the certifying inspector:

<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	<input type="checkbox"/> Florida Notary Public (<i>Stamp or Seal</i>) Signature: _____
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____	
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)
The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____

I hereby certify that ownership of the motor vehicle 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 Other: _____

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.)

Section 10: REPOSSESSION DECLARATION
 I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.

Section 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.

Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES
I/We physically inspected the VIN. (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.

Full Name of Applicant, Owner	Signature of Applicant, Owner	Date
Full Name of Applicant, Co-Owner	Signature of Applicant, Co-Owner	Date

Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)
 The undersigned person(s) state(s) 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.)

Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date

That at the time of death the decedent was owner of the motor vehicle 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 to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date