

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, FL 32399-0610
APPLICATION FOR MULTIPLE CERTIFICATES OF TITLE WITH/WITHOUT VEHICLE REGISTRATIONS
(instructions on Reverse Side)

1 APPLICANT IDENTIFICATION			
Owner/ Lessor Name	Date of Birth	Sex	Fleet #
Owner/ Lessor's Address	City	State	Zip
Lessee's Name	Date of Birth	Sex	
Lessee's Mailing Address	City	State	Zip
Owner/Lessee's Street Address in Florida (Mandatory)	City	State	Zip

2 TRANSFER TYPE AND VEHICLE STATUS
IF OWNERSHIP HAS TRANSFERRED HOW WAS VEHICLE/VESSEL ACQUIRED? SALE GIFT REPOSSESSION COURT ORDER OTHER (SPECIFY) _____
DATE ACQUIRED _____ NEW USED LEASE- SHORT TERM LONG TERM PRIVATE TAXI CAB POLICE

3 LIENHOLDER INFORMATION

If no lien Print "None"	Date of Lien	Lienholder Name	
Lienholder Address		City	State Zip

(DOES NOT APPLY TO VESSELS)

If Lienholder authorizes the Department to send title to the owner check box and countersign _____ Signature of Lienholder's Representative
If box above is not checked title will be mailed to the first lienholder

4 MOTOR VEHICLE MOBILE HOME OR VESSEL DESCRIPTIONS

YEAR	MAKE/MANUFACTURER	BODY	WEIGHT / LENGTH								
I certify that to the best of my knowledge, the mileage that I checked is the true and correct mileage.											
INITIAL IF VIN VERIFIED BY OWNER	VIN / HIN	LICENSE PLATE or REGISTRATION NUMBER	COLOR OF VEHICLE	PREVIOUS STATE	ODOMETER READING	• A	• N	• E	DATE READ	TITLE NUMBER	PREVIOUS ISSUE DATE

TYPE			HULL MATERIAL		PROPULSION			FUEL	
<input type="checkbox"/> 1. Open Motorboat	<input type="checkbox"/> 5. Houseboat		<input type="checkbox"/> 1. Wood	<input type="checkbox"/> 5. Wood/Fiberglass	<input type="checkbox"/> 1. Outboard	<input type="checkbox"/> 4. Inboard/Outboard	<input type="checkbox"/> 1. Gas		
<input type="checkbox"/> 2. Cabin Motorboat	<input type="checkbox"/> 6. Pontoon		<input type="checkbox"/> 2. Aluminum	<input type="checkbox"/> 6. Other _____	<input type="checkbox"/> 2. Inboard	<input type="checkbox"/> 5. Air Propelled	<input type="checkbox"/> 2. Diesel		
<input type="checkbox"/> 3. Auxiliary Sailboat	<input type="checkbox"/> 7. Personal Watercraft		<input type="checkbox"/> 3. Steel	Specify _____	<input type="checkbox"/> 3. Sail	<input type="checkbox"/> 6. Other _____	<input type="checkbox"/> 3. Other _____		
<input type="checkbox"/> 4. Inflatable	<input type="checkbox"/> 8. Other _____	Specify _____	<input type="checkbox"/> 4. Fiberglass			Specify _____			

USE OF VESSEL <input type="checkbox"/> 1. Pleasure <input type="checkbox"/> 2. Dealer <input type="checkbox"/> 3. Manufacturer <input type="checkbox"/> 4. Pleasure Canoe <input type="checkbox"/> 5. Commercial Canoe <input type="checkbox"/> 6. Commercial <input type="checkbox"/> 7. Exempt	LENGTH OF VESSEL FT. _____ IN. _____	DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ • For all vessels 26' or more in length and aft sailboats	OWNER 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 <input type="checkbox"/> Contribution To Election Campaign Financing Trust Fund	CO-OWNER <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> 1. U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> 2. Copy of Cancelled Documentation Papers		Previous Out-Of-State Registration Number: _____		

5 VEHICLE IDENTIFICATION NUMBER VERIFICATION

COMPLETION OF THIS PART REQUIRES A PHYSICAL INSPECTION OF EACH MOTOR VEHICLE AND EACH VEHICLE IDENTIFICATION NUMBER DESCRIBED ON THIS FORM BY A LICENSED FLORIDA DEALER FLORIDA NOTARY PUBLIC POLICE OFFICER OR DIVISION OF MOTOR VEHICLE COMPLIANCE EXAMINER/INSPECTOR. COMPLETE THIS BLOCK ON NEW VEHICLES SOLD BY AN OUT-OF-STATE DEALER OR OUT-OF-STATE MANUFACTURER AND ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, NOT PREVIOUSLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicles and find that the vehicle identification numbers on each vehicle to be identical to the vehicle identification number recorded on this form.

DATE _____	SIGNATURE _____	PRINTED NAME _____
Agency or Dealer Name _____	Badge or Dealer Number _____	(SEAL)
Florida Dealer License Number _____	Florida Compliance Examiner/Inspector Badge or ID Number _____	
HSMV 82039 (Rev. 12/97) S		

6 MOTOR VEHICLE SALES TAX EXEMPTION CERTIFICATION

I CERTIFY THE MOTOR VEHICLES MOBILE HOMES OR VESSELS DESCRIBED BELOW HAVE BEEN PURCHASED AND ARE EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES BECAUSE:

- PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE
- VEHICLES MOBILE HOMES VESSELS WILL BE USED EXCLUSIVELY FOR RENTAL

 CONSUMER'S CERTIFICATE OF EXEMPTION NO.

 SALES TAX REGISTRATION NUMBER

7 DEALER SALES TAX REPORT

Florida Sales Tax Reg. Number	Date of Sale	Dealer License Number	Amount of Tax Per Unit	Dealer/Agent Signature

6 CERTIFICATION

THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT. _____

IN CONSIDERATION OF THE FOREGOING AND THE ATTACHED EVIDENCE OF MY/OUR OWNERSHIP OF THE MOTOR VEHICLES OR MOBILE HOMES OR VESSEL DESCRIBED ON SIDE 1 OF THIS FORM, I/WE REQUEST THAT THE CERTIFICATE OF TITLE BE ISSUED IN MY/OUR NAME. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. **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)	Printed Name	Date
Signature of Co-Applicant (Co-Owner)	Printed Name	Date

WHO IS AUTHORIZED TO COMPLETE THIS FORM?:

ANY AUTHORIZED AGENT OF A COMPANY OR CORPORATION, REQUIRED TO MAKE APPLICATION FOR MULTIPLE FLORIDA CERTIFICATES OF TITLE.

WHEN SHOULD THIS FORM BE USED?:

WHEN A COMPANY OR CORPORATION IS APPLYING FOR MULTIPLE CERTIFICATES OF TITLE ON NEW OR USED MOTOR VEHICLES, VESSELS OR MOBILE HOMES WITH THE SAME YEAR, MAKE, BODY AND WEIGHT. FOR VESSELS AND MOBILE HOMES, BODY AND WEIGHT ARE EXCLUDED AND LENGTH IS INCLUDED.

WHEN IS THE VIN VERIFICATION ON THIS FORM NOT NECESSARY?:

THE VIN VERIFICATION ON THIS FORM DOES NOT HAVE TO BE COMPLETED ON VESSELS, MOBILE HOMES, TRAVEL TRAILERS, CAMPING TRAILERS, FIFTH WHEEL RECREATIONAL TRAILERS OR SEMI TRAILERS WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS, WHEN A FLORIDA CERTIFICATE OF TITLE IS SUBMITTED AS PROOF OF OWNERSHIP OR WHEN FORM HSMV 82042 HAS BEEN COMPLETED AND IS ATTACHED.

WHEN IS THE ODOMETER DECLARATION ON THIS FORM NOT NECESSARY?:

THE ODOMETER DECLARATION IN SECTION 4 OF THIS FORM DOES NOT HAVE TO BE COMPLETED WHEN THE VEHICLE BEING TITLED IS EXEMPT FROM ODOMETER DISCLOSURE REQUIREMENT. **EXEMPTIONS:** WHEN THE VEHICLE IS TEN YEARS OLD OR OLDER, HAS A GROSS VEHICLE WEIGHT (GVWR) OF MORE THAN 16,000 POUNDS, OR IS NOT SELF PROPELLED.

ODOMETER STATUS

- **A** - WHEN A CHECK MARK IS ENTERED UNDER THE "A", THE STATUS WILL BE SHOWN AS "ACTUAL MILEAGE."
- **N** - WHEN A CHECK MARK IS ENTERED UNDER THE "N", THE STATUS WILL BE SHOWN AS "WARNING: NOT ACTUAL MILEAGE".
- **E** - WHEN A CHECK MARK IS ENTERED UNDER THE "E", THE STATUS WILL BE SHOWN AS "EXCEEDS MECHANICAL LIMITS".

FILING:

1. ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED LEGIBLY.
2. ONE OF THE FOLLOWING MUST BE FILED WITH THIS FORM:
 - (A) FLORIDA CERTIFICATE OF TITLE.
 - (OR)
 - (B) MANUFACTURER'S CERTIFICATE OF ORIGIN.
 - (OR)
 - (C) OUT-OF-STATE TITLE OR OTHER OFFICIAL PROOF OF OWNERSHIP.
3. THIS FORM MUST BE SIGNED BY AND INCLUDE THE PRINTED NAME OF AN AUTHORIZED AGENT OF THE COMPANY OR CORPORATION.

SALES TAX

1. THE SALES TAX EXEMPTION NUMBER OR CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER MUST BE SHOWN IN SECTION 6 OF THIS FORM.

NOTE: FORMS DR-40, DR-41A AND FORM HSMV 82042 HAVE BEEN MERGED INTO THIS FORM.