

INFORMATION PACKET

FAST TITLE SERVICE FOR VEHICLES

This packet has been designed to help expedite the processing of your application for a fast title.

Florida Statutes 319.323 allows for the issuance of titles called “Fast Titles.” All Seminole County Offices may issue fast titles for transactions with proper documentations. The fee for this additional service is \$10.00 (not including transfer fees).

1. The fast title service is available from 8:30 a.m. to 5:00 p.m. at all Seminole County Tax Collector locations.
2. Fast title transactions may be paid by cash, check, debit, or credit card.
3. Issuance of titles over the counter will be allowed only when the transaction is as follows:
 - a. Transfers between individuals (casual sales)
 - b. Clean duplicate title with a current odometer reading
 - c. Transfers involving deaths
 - d. Title corrections
 - e. Electronic titles (release of ELT liens)
 - f. Transfers from out-of-state
4. Titles processed over the counter will be released the same day to the owner or person holding a notarized affidavit, Power of Attorney, or a Fast Title Authorization Affidavit (attached). A Florida or out-of-state photo driver license, Florida I.D. card, U.S. passport, or out of country passport must be presented with a signature before the title can be released.
5. All other transactions (i.e. towing and storage, rebuilt, salvage, etc...) will be processed as mail titles and sent in 7 – 10 business days from the Department of Motor Vehicles.
6. If you wish to process your application by mail, please send all documents to:

**Seminole County Tax Collector
PO Box 630
Sanford, FL 32772-0630**

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

AUTHORIZATION / RELEASE AFFIDAVIT

Owner Information:

Vehicle/Vessel Description

Name of Registered Owner(s)

Title Number

Address

Year

Make

City

State

Zip

Vehicle/Vessel Identification Number

Phone Number – Including Area Code

I _____ authorize _____
(Owner's Name) (Person Appointed)

to receive my title certificate or registration for the above described vehicle.

Under Penalties of perjury I declare that I have read the foregoing document and certify that the statement is true. I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Florida Statutes 775.082, 775.083, and 775.084.

Signature of Owner

Date

Signature of Co-Owner

Date

Notice of Sale and/or Bill of Sale for a Motor Vehicle, Mobile Home, Off-Highway Vehicle or Vessel

Notice of Sale (Seller **ONLY** must complete sections 1 & 3). Purchaser does not need to sign.

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		Identification Number		
<p>I do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:</p>				
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)				
<p>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.</p> <p>WE STATE THAT THIS MOTOR VEHICLE'S <input type="checkbox"/> 5 DIGIT 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 WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:</p> <p><input type="checkbox"/> 1. REFLECTS THE ACTUAL MILEAGE.</p> <p><input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS.</p> <p><input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE.</p>				
3. Certification				
<p>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.</p>				
Seller's Signature		Seller's Printed Name		Date
Seller's Address		City	State	Zip Code
Co-Seller's Signature (if applicable)		Co-Seller's Printed Name (if applicable)		Date
Co-Seller's Address (if applicable)		City	State	Zip Code
Purchaser's Signature		Purchaser's Printed Name		Date
Co-Purchaser's Signature (if applicable)		Co-Purchaser's Printed name (if 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.

STATE OF FLORIDA
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTOR VEHICLES
 2900 Apalachee Parkway, NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0610
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

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

1 OWNER / APPLICANT INFORMATION											
Customer Number		Do you want the certificate of title to remain electronic? <input type="checkbox"/> yes <input type="checkbox"/> no		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	
<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)				City				State	Zip		
Co-Owner's/Lessee's Mailing Address (Mandatory)				City				State	Zip		
Owner's/Lessee's Physical Street Address in Florida (Mandatory)				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			HULL MATERIAL		PROPULSION		FUEL		*DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. _____ <i>*For all vessels 26' or more in length and all sailboats</i>		
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Houseboat	<input type="checkbox"/> Personal Watercraft	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Outboard	<input type="checkbox"/> Sail	<input type="checkbox"/> Gas				
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Pontoon	<input type="checkbox"/> Canoe	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel	<input type="checkbox"/> Inboard	<input type="checkbox"/> Air Propelled	<input type="checkbox"/> Diesel				
<input type="checkbox"/> Auxiliary Sailboat	<input type="checkbox"/> Airboat	<input type="checkbox"/> Other _____	<input type="checkbox"/> Wood/Fiberglass	<input type="checkbox"/> Other _____	<input type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Other _____	<input type="checkbox"/> Electric				
<input type="checkbox"/> Inflatable	<input type="checkbox"/> Sailboat	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____				
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	PREVIOUS OUT-OF-STATE REGISTRATION NUMBER: _____						
<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 Spiney Lobster						
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 VEHICLE	<input type="checkbox"/> ILEV VEHICLE				
<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> REPLICA	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUFACTURER'S BUY BACK	<input type="checkbox"/> ELECTRIC VEHICLE						
4 LIENHOLDER INFORMATION											
CHECK IF	<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					
ELT CUSTOMER	<input type="checkbox"/>										
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)										
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"/> REPOSESSION	<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 _____, _____, _____ .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 HUSBAND AND WIFE 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 beneficiaries named below.
When applicable, the heirs (named below) certify that the certificate of title is lost or destroyed.

Signature(s) of surviving spouse, co-owner and/or heirs. (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.
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. That the estate is not indebted and the assets of the estate, excluding this motor vehicle, mobile home or vessel are sufficient to pay all just claims and that no probate proceedings have been instituted upon the estate. That the person(s) signing above hereby releases all their right, title, interest and claim as heirs at law, legatees, devisee, 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.