



Florida Tax Collector

Barbara Ford-Coates – serving Sarasota County

101 S. Washington Blvd.
Sarasota, FL 34236-6993
941.861.8300, option 2

TITLE PACKET CHECKLIST / INSTRUCTIONS

Name _____

Florida Phone # _____ Out-of-State Phone # _____

NOTE: IF YOU HAVE A LEASED VEHICLE OR TRUCK OVER 5000 POUNDS PLEASE CALL FOR ADDITIONAL INSTRUCTIONS AND FEES

In order to obtain a Florida title, please complete and send the following:

1. **APPLICATION FOR CERTIFICATE OF TITLE WITH / WITHOUT REGISTRATION** - HSMV 82040, attached
 - A. Type or print in black ink - **no erasures or alterations will be accepted**
 - B. Complete sections **1 through 8** (and **9**, if applicable) on the attached application
 - C. **If an out-of-state title, section 8 MUST be completed by law enforcement in any state or a Florida Notary**
 - D. **Section 12 MUST be signed by all applicants**
2. **VALID PROOF OF IDENTIFICATION** - Submit a copy of **ONE** of the following:
 - INDIVIDUALS: State issued driver's license, state issued photo I.D. card, Canadian or U.S. Territory issued driver's license or photo identification card, or passport (all documentation must have a photo)
 - BUSINESSES: FEID documents, fictitious name documents or corporation papers filed with a state
3. **OWNERSHIP** - Copies **cannot** be accepted
 - NEW CARS: Manufacturer's Statement/Certificate of Origin from all states except Nevada which requires the "Dealer Report of Sale"
 - USED CARS: Certificate of Title; if from a non-titling state or foreign country, please call 941.861.8300, option 2
4. **BILL OF SALE OR COPY OF DEALER INVOICE** - Not required on vehicles that have been titled or registered in the owner's name for longer than 6 months
5. **TRANSFER OF CURRENT REGISTRATION** - If you are transferring a current Florida license plate that is registered to at least one of the applicants of this vehicle, a copy of the current registration **OR** the following information is required:
License Plate Number _____

6. **PROOF OF INSURANCE WITH A FLORIDA LICENSED INSURANCE COMPANY** - Complete the affidavit below:

Under penalty of perjury, I _____ certify that I have Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability Insurance currently in effect with:

FLORIDA INSURANCE COMPANY NAME	POLICY NUMBER	COMPANY CODE (5 DIGITS)
covering the following vehicle _____		
YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)

This insurance company is licensed to issue insurance policies in Florida. I understand that my driver's 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.

7. **PAYMENT** - See Line 8 on the Fee Chart and Worksheet for total amount due. Payment can be made by check or money order made payable to Tax Collector Barbara Ford-Coates. Credit and debit cards are also accepted; complete the authorization form under Line 8.

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 maximum 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 November and your birth month is June; November through May is 7 months. New vehicle purchases, start with the month of the purchase date.

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		\$ 46.35	\$ 52.60	\$ 65.10	\$ 71.35	\$ 74.65	\$ 102.20	\$ 108.45	\$ 111.75

1. License Plate Fee:

From the amounts listed on the rate chart above or
 If you are transferring a current Florida registration:

Autos/Trucks under 5000 pounds ----- \$ 4.60
 Trucks over 5000 pounds ----- CALL FOR FEES
 All other transfers: *i.e.* motorhomes / motorcycles / travel trailers ----- \$ 9.10 \$ _____ (1)

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
 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 \$ _____ (3)

4. Title Options:

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

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.

A. Purchase Price (add cost of taxable items found on attached list) \$ _____ 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 \$ _____ (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)

CHECK PAYABLE TO: TAX COLLECTOR BARBARA FORD-COATES 101 S. WASHINGTON BLVD., SARASOTA, FL 34236-6993

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

MISCELLANEOUS FEES	YES	NO
	These items are to be added to the purchase price of the vehicle to calculate sales tax.	
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	
Notary Handling	X	
On-line 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	

TAXABLE ITEMS

MISCELLANEOUS FEES	YES	NO
	These items are to be added to the purchase price of the vehicle to calculate sales tax.	
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		Weight	G VW	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
Select which option best represents the certifying inspector:			<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	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:	
<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Transfer between a married couple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Even trade or trade down _____ <i>(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)</i>	

Section 10: REPOSSESSION DECLARATION
<input type="checkbox"/> 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:
<input type="checkbox"/> I certify that the certificate of title is lost or destroyed.
<input type="checkbox"/> The vehicle identified will not be operated on the streets and highways of this state until properly registered.
<input type="checkbox"/> 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 _____.		
<i>(Name of deceased)</i> <i>(Date)</i>		
<input type="checkbox"/> Testate (with a will) <input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below. <input type="checkbox"/> 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