



Florida Tax Collector

Barbara Ford-Coates – serving Sarasota County

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

MANUFACTURED HOME TITLE PACKET CHECKLIST / INSTRUCTIONS

Name _____

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

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 9** (and **10**, if applicable) on the attached application
 - C. **Section 9 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: Manufacturer's Statement/Certificate of Origin

USED: Certificate of Title
4. **BILL OF SALE**
5. **PAYMENT** - See Line 7 on the Fee Chart and Worksheet (backside) 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 credit card authorization form below.

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 _____

FEE CHART AND WORKSHEET FOR APPLICATION FOR FLORIDA TITLE

MANUFACTURED HOME & PARK MODEL RATE SHEET | EFFECTIVE SEPTEMBER 1, 2014

Use the instructions and charts below to calculate the required fees. Manufactured home decals expire December 31 of each year. Biennial (2-year) registrations are non-refundable. **Note: If there are any unpaid delinquent decals, we will not be able to transfer the title until those items are paid; contact our office for instructions.**

1. Find the month the home was **purchased**.
2. Find the length of the home (per side if double-wide or triple-wide).
3. Decide if you want to register for one or two years.
4. Add title and required miscellaneous fees as listed at the bottom.

REGISTRATION RATE - PER SIDE

Month of Purchase	January thru June		July thru September		October thru November		December	
	Annual	Biennial	Annual	Biennial	Annual	Biennial	Annual	Biennial
Length (feet)								
thru 35	\$ 26.60	\$ 53.20	\$ 16.60	\$ 43.20	\$ 32.70	\$ 58.30	\$ 31.60	\$ 63.15
36-40	\$ 31.60	\$ 63.20	\$ 19.10	\$ 50.70	\$ 38.95	\$ 69.55	\$ 37.85	\$ 69.45
41-45	\$ 36.60	\$ 73.20	\$ 21.60	\$ 58.20	\$ 45.20	\$ 80.80	\$ 44.10	\$ 80.70
46-50	\$ 41.60	\$ 83.20	\$ 24.10	\$ 65.70	\$ 51.45	\$ 92.05	\$ 50.35	\$ 91.95
51-55	\$ 46.60	\$ 93.20	\$ 26.60	\$ 73.20	\$ 57.70	\$103.30	\$ 56.60	\$103.20
56-60	\$ 51.60	\$103.20	\$ 29.10	\$ 80.70	\$ 63.95	\$114.55	\$ 62.85	\$114.45
61-65	\$ 56.60	\$113.20	\$ 31.60	\$ 88.20	\$ 70.20	\$125.80	\$ 69.10	\$125.70
66 and up	\$ 86.60	\$173.20	\$ 46.60	\$133.20	\$107.70	\$193.30	\$106.60	\$193.20

PARK MODEL HOMES DEDUCT \$1.00 FROM ANNUAL FEE OR \$2.00 FROM BIENNIAL FEE

TITLE AND MISCELLANEOUS FEES - PER TRANSACTION

<i>(Add Title Penalty if a title application is submitted after 30 days from date of transfer/sale.)</i>				
Florida Title	\$75.75*		Replacement MH Decal	\$ 33.60
MSO	\$76.75*		Issue/Replace RP Decal	\$ 5.10
Duplicate Title Fee	\$78.25		Transfer RP Decal	\$ 4.60
Lien Fee	\$ 2.00		Fast Title Fee	\$10.00
Title Penalty	\$20.00		Replacement Registration	\$ 3.00
*If you wish to have a paper title printed and mailed to you, add \$2.50 to the above fees. (Do not add \$2.50 to the Fast Title Fee.)				

1. Registration Fee:

From the amounts listed on the rate chart above \$ _____ (1)

2. Title Fee: (CHOOSE ONLY ONE)

Home currently titled in Florida _____ \$ 76.75
 New Home with Florida Manufacturer's Certificate of Origin _____ \$ 77.75 \$ _____ (2)

3. 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 \$ _____ (3)

4. Late Fee:

If completed application not received in our office within 30 days from purchase date _ \$ 20.00 \$ _____ (4)

5. Sales Tax:

A. Purchase Price \$ _____ A
 B. Taxable Value (A - total value of attachments, see example included) \$ _____ B
 C. County Sales Tax (1% taxable value) **not to exceed \$50** \$ _____ C
 D. State Sales Tax – If **used** home, 6% of line B. If **new** home, 3% of line A. \$ _____ D
Total Florida Sales Tax: C + D \$ _____ (5)

6. Lien Fee:

If there is a lien on the home, include the lien fee for the new title _____ \$ 2.00 \$ _____ (6)

7. TOTAL AMOUNT DUE: (ADD LINES 1 THROUGH 6) \$ _____ (7)



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOBILE HOME 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 Reinstate Retired Title **Request to print Certificate of Title:** No Yes: In office Yes: Mailed

Section 1: OWNER/APPLICANT INFORMATION				
Customer 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
FL DL/ID or FEID/Suffix Number	Owner's Mailing Address		City	State
Owner's Residential Street Address		City	State	Zip Code
Mobile Home Physical Street Address		<input type="checkbox"/> Check if Rental Park has 10 or more lots	City	State
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)		City	State
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
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address		City	State
Co-Owner's/Lessee's Residential Street Address		City	State	Zip Code

Section 2: MOBILE HOME DESCRIPTION			
(More than one form HSMV 82040 may be used for VIN and Title Numbers)			
Vehicle Identification Number (VIN)		Florida Title Number	Previous State of Issue
Make/Manufacturer		Year	Body
			Length ft. in.

Section 3: 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
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 mobile home title to the owner and sign here: _____	

Section 4: TRANSFER TYPE (If applicable)	
If ownership has transferred, how and when was the mobile home acquired? <input type="checkbox"/> Sale (Price: \$ _____ . ____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____	Date Acquired: _____ / _____ / _____

Section 5: DEALER SALES TAX REPORT AND MOBILE HOME 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	



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOBILE HOME TITLE

Section 6: SALES TAX EXEMPTION CERTIFICATION (If applicable)

I certify the mobile home 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"/> Mobile home will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____

I hereby certify that ownership of the mobile home 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 7: REPOSSESSION DECLARATION (If applicable)

I certify that this mobile home was repossessed upon default in the terms of the lien instrument and is now in my possession.
 I certify that this mobile home is vacant and does not currently have utilities turned on.

Section 8: NON-USE AND OTHER CERTIFICATIONS (If applicable)

If checked, the following certifications are made by the applicant:

I certify that the certificate of title is lost or destroyed.
 I certify that the mobile home or recreational vehicle-type unit is classified as real property and an "RP" and I have informed the property appraiser of the county wherein the mobile home or recreational vehicle-type unit is to be located of the intended site of the mobile home or recreational vehicle-type unit.
 Other: *(Explain)* _____

Section 9: 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 10: 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 mobile home 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 mobile home to:

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

MOBILE HOME BILL of SALE

"FOR A PRIVATE SALE"

Year

Make

Mobile Home Identification Number

Purchaser(s) name(s): _____

Date Sold: _____

FULL PURCHASE PRICE: \$ _____

APPURTENANCES:

Carport \$ _____

Sunroom \$ _____

Utility Shed \$ _____

Freezer \$ _____

Refrigerator \$ _____

Drapes \$ _____

Air Conditioner / Air Compressor
(Condenser unit located outside) \$ _____

Furniture (ITEMIZE): _____ \$ _____

TOTAL DEDUCTIONS: \$ _____

TAXABLE AMOUNT: \$ _____

Under penalty of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Seller's Signature

Seller's Printed Name

Co-Seller's Signature

Co-Seller's Printed Name