

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
2900 Apalachee Parkway, MS# 72,
Neil Kirkman Building - Tallahassee, FL 32399

**APPLICATION FOR DUPLICATE OR LOST IN TRANSIT/REASSIGNMENT FOR A
MOTOR VEHICLE, MOBILE HOME OR VESSEL TITLE CERTIFICATE**

1	TYPE OF APPLICATION					
<input type="checkbox"/> VEHICLE/VESSEL DUPLICATE: (Fee Required) <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> Damaged (Certificate of Title must be submitted) NOTE: An indication of lost, stolen or damaged is required		<input type="checkbox"/> VEHICLE/VESSEL LOST IN TRANSIT: NOTE: No fee required if vehicle application is made within 180 days from last title issuance date and has been lost in mailing.		<input type="checkbox"/> VEHICLE/VESSEL DUPLICATE WITH TRANSFER: (Both parties must be present for this transaction) <input type="checkbox"/> OR <input type="checkbox"/> AND NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on the title when issued. If neither box is checked, the title will be issued with "and".		
OWNER'S NAME (Last, First, Middle Initial)		Owner's E-Mail Address		PURCHASER'S NAME (Last, First, Middle Initial)		
CO-OWNER'S NAME (Last, First, Middle Initial)		Co-Owner's E-Mail Address		CO-PURCHASER'S NAME (Last, First, Middle Initial)		
OWNER'S MAILING ADDRESS			PURCHASER'S MAILING ADDRESS			
CITY		STATE	ZIP	CITY		
CAUTION: IF ADDRESS DIFFERS FROM DMV RECORDS, ADDRESS VERIFICATION MUST BE SUBMITTED			DATE OF BIRTH	PURCHASER'S DL/ID #	CO-PURCHASER'S DL/ID#	

2	APPLICATION FOR DUPLICATE IS MADE BY:				
<input type="checkbox"/> OWNER _____ DATE OF LIEN _____		<input type="checkbox"/> MOTOR VEHICLE, MOBILE HOME OR RECREATIONAL VEHICLE DEALER/AUCTION LICENSE NUMBER (DEALER/AUCTION LICENSE NUMBER DOES NOT APPLY TO VESSELS) _____ LIENHOLDER OR DEALER/AUCTION NAME: _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____			

3	MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION					
Vehicle/Vessel Identification Number	Make/Manufacturer	Year	Body	Color	License Plate or Vessel Registration Number	Florida Title Number

4	VEHICLE USAGE/BRANDS					
<input type="checkbox"/> SHORT TERM LEASE <input type="checkbox"/> LONG TERM LEASE <input type="checkbox"/> POLICE VEHICLE <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> TAXI CAB <input type="checkbox"/> FLOOD VEHICLE <input type="checkbox"/> REPLICA <input type="checkbox"/> KIT CAR <input type="checkbox"/> GLIDER KIT <input type="checkbox"/> REBUILT <input type="checkbox"/> ASSEMBLED FROM PARTS <input type="checkbox"/> MANUFACTURER'S BUY BACK						

5	LIENHOLDER INFORMATION				
If no lien, Print "None"	FEID #	DL# & Sex and Date of Birth	DMV Account #	Date of Lien	Lienholder Name
Lienholder E-Mail Address	Lienholder Mailing Address		City	State	Zip

If Lienholder authorizes the Department to send title to the owner, check box and countersign.
 If this box is not checked, title will be mailed to the first lienholder. (DOES NOT APPLY TO VESSELS) _____ (Signature of Lienholders Representative)

6 APPLICATION ATTESTMENT/SIGNATURES AND ODOMETER DECLARATION/DISCLOSURE

WARNING: Federal and state law require that you state the mileage in connection with an application for Certificate of Title. Providing a false statement may result in fines or imprisonment.
 I (WE) STATE THAT THIS 5 or 6 DIGIT ODOMETER NOWS READS _____, _____ .XX (NO TENTHS) MILES,
 DATE READ ____/____/____, AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

- CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX**
- 1. REFLECTS ACTUAL MILEAGE.
 - 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS)
 - 3. IS NOT THE ACTUAL MILEAGE. **WARNING - ODOMETER DISCREPANCY**

I CERTIFY THAT THE MOTOR VEHICLE/VESSEL DESCRIBED ABOVE WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS/WATERWAYS OF THIS STATE AND NO FLORIDA LICENSE PLATE HAS BEEN TRANSFERRED TO OR PURCHASED FOR THIS MOTOR VEHICLE.

I am/we are the owner(s), lienholder(s), and am legally authorized to apply for and receive the Duplicate Certificate of Title. I/we further agree to indemnify the Department and defend the Certificate of Title against all actions or claims by any person.

UNDER PENALTIES OF PERJURY, I/WE DECLARE THAT I/WE HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

IF APPLICABLE, I ATTEST TO HAVING ACQUIRED THE MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIBED ABOVE BY:	<input type="checkbox"/> PURCHASE	<input type="checkbox"/> GIFT	<input type="checkbox"/> INHERITANCE	<input type="checkbox"/> COURT ORDER	Date Sold	Selling Price \$
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Signature of Purchaser: _____	Printed Name of Purchaser: _____
Signature of Co-Purchaser: _____	Printed Name of Co-Purchaser's: _____
Signature of Seller/ Owner/Lienholder: _____	Printed Name of Seller/ Owner/Lienholder: _____
Signature of Co-Owner: _____	Printed Name of Co-Owner: _____

7	FOR FLORIDA DMV OR TAX COLLECTOR/LICENSE PLATE AGENCY USE ONLY				
<input type="checkbox"/> Duplicate authorization verification completed	Signature	Printed Name	County	Agency #	Date Completed