

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

**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) LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> Damaged (Certificate of Title must be submitted) <input type="checkbox"/> 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.				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)			Purchaser's E-Mail Address					
CO-OWNER'S NAME (Last, First, Middle Initial)				Co-Owner's E-Mail Address				CO-PURCHASER'S NAME (Last, First, Middle Initial)			Co-Purchaser's E-Mail Address					
OWNER'S MAILING ADDRESS							PURCHASER'S MAILING ADDRESS									
CITY			STATE		ZIP		CITY			STATE		ZIP				
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 LIENHOLDER DATE OF LIEN			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		<input type="checkbox"/> FLOOD		
<input type="checkbox"/> REPLICIA			<input type="checkbox"/> KIT CAR			<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"			<input type="checkbox"/> FEID #		<input type="checkbox"/> DL# & Sex and Date of Birth			<input type="checkbox"/> DMV Account #		Date of Lien		Lienholder Name				
Lienholder E-Mail Address				Lienholder Mailing Address				City		State		Zip				
<input type="checkbox"/> If Lienholder authorizes the Department to send title to the owner, check box and countersign.													_____ (Signature of Lienholders Representative)			
<input type="checkbox"/> If this box is not checked, title will be mailed to the first lienholder. (DOES NOT APPLY TO VESSELS)																
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 <input type="checkbox"/> 5 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 I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:																
CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX																
<input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE.																
<input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS)																
<input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY																
<input type="checkbox"/> 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 \$
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				