

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: <input type="checkbox"/> VEHICLE/VESSEL LOST IN TRANSIT:		<input type="checkbox"/> VEHICLE/VESSEL DUPLICATE WITH TRANSFER: (Both parties must be present for this transaction)						
(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		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"/> 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:						
OWNER	<input type="checkbox"/> LIENHOLDER DATE OF LIEN <hr/>		<input type="checkbox"/> MOTOR VEHICLE, MOBILE HOME OR RECREATIONAL VEHICLE DEALER/ <input type="checkbox"/> AUCTION LICENSE NUMBER (DEALER/AUCTION LICENSE NUMBER DOES NOT APPLY TO VESSELS) LIENHOLDER OR DEALER/AUCTION NAME: _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____					
	<input type="checkbox"/> REPLICAS <input type="checkbox"/> KIT CAR <input type="checkbox"/> GLIDER KIT		<input type="checkbox"/> POLICE VEHICLE <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> TAXI CAB <input type="checkbox"/> FLOOD VEHICLE <input type="checkbox"/> REBUILT <input type="checkbox"/> ASSEMBLED FROM PARTS <input type="checkbox"/> MANUFACTURER'S BUY BACK					
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"/> REPLICAS <input type="checkbox"/> KIT CAR <input type="checkbox"/> GLIDER KIT		<input type="checkbox"/> POLICE VEHICLE <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> TAXI CAB <input type="checkbox"/> FLOOD VEHICLE <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		
If Lienholder authorizes the Department to send title to the owner, check box and countersign. <input type="checkbox"/> 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 <input type="checkbox"/> 5 or <input type="checkbox"/> 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								
<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: _____				
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	