

All Florida Auto Tags & Titles

1025 26 Ave Vero Beach, FL 32960

772-794-1573 Fax 772-794-1743 Email – coloneyl@bellsouth.net



TO OUR VALUED CUSTOMERS

“ALL FLORIDA”

AUTO TAGS & TITLES

1025 26th Ave

Vero Beach, FL 32960

AN AUTO TAG/TITLE AGENCY

Serving ALL of Florida for over 28 years

Website: www.allfloridaautotagsandtitles.com

Office: 772-794-1573 (Local)

Fax: 772-794-1743

Email: coloneyl@bellsouth.net

We still **guarantee** efficiency, **plus** the same prompt service (24-hour turnaround) for your “part time” Florida residents – “Snowbirds” – who need their vehicles titled and registered in the State of Florida by their “hometown” dealership up North. **Experience Counts!!** Please call me if you have any questions . . .

With Best Regards,

All Florida Auto Tags & Titles

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CUSTOMER: _____

REGISTRATION/TITLE CHECK LIST

- ☐ ORIGINAL ONLY - CO/MSO properly completed,
 - ☐ OR properly completed ORIGINAL Title if it is a used vehicle.
- ☐ Used vehicles require a notarized VIN verification letter (on dealership letterhead) to be sent with the paperwork. This document is to be completed by dealership personnel ONLY.
- ☐ Clear COPY of Driver's License.
- ☐ COPY – Insurance card or binder on vehicle being purchased or leased.
- ☐ COPY – Bill of Sale – notarized if possible.
- ☐ Proof of sales tax paid to state where purchased (if other than Florida).
- ☐ COPY – previous Registration - or plate # to transfer, if transferring a plate.
 - ORIGINAL Odometer disclosure statement – if necessary.
- ☐ Power of Attorney – if requested, if necessary,
- ☐ OR Florida form 82040, section 12, signed by customer(s) or lease company Agent.
- ☐ Dealer or certified check or money order to “Tax Collector” for sales tax – NO CASH.
- ☐ Dealer or certified check or money order to “All Florida Auto Tags & Titles” – NO CASH.
- ☐ Overnight (Fed Ex or UPS) return envelope, or account number for FedEx.

FED EX ACC'T # _____

IMPORTANT INFORMATION

- Base sales tax rate in Florida is 6% of net value of vehicle or vessel.
- Each county has option of adding small “Discretionary Fee.”

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

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VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

PART A - OWNER'S VEHICLE IDENTIFICATION AFFIDAVIT AND ODOMETER DECLARATION

(Completion of this part requires a physical inspection of the vehicle by the owner)

AFFIDAVIT:

DATE: _____

This is to certify that I, the undersigned, am the lawful owner of the motor vehicle described on this form and that I have, on the date entered above, made a physical inspection of the motor vehicle and have recorded the vehicle identification number and other identification information and the odometer reading and certification in the spaces provided on this form.

VEHICLE IDENTIFICATION (MOTOR NUMBER ALL MAKES THROUGH 1954 - IDENTIFICATION NUMBER 1955 AND LATER)

Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In
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ODOMETER DECLARATION

WARNING: Federal and State law require 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 and/or imprisonment.

I/WE STATE THAT THIS ☐ 5 OR ☐ 6 DIGIT ODOMETER NOW READS , .XX (NO TENTHS)

MILES, DATE READ ____/____/____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE

THE ODOMETER READING:

☐ 1. reflects ACTUAL MILEAGE. ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

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

(Owner's Signature)

(Owner's Printed Name)

PART B – VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER

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 Dealer, Florida Notary Public, Police Officer, or Florida Division of Motorist Services Employee or Tax Collector Employee. If an out-of-state motor vehicle dealer verifies the VIN, the verification must be submitted on their letterhead stationery. Complete this section on all used motor vehicles, including trailers, (with abbreviation of "TL" with a weight of 2,000 pounds or more) not currently titled in Florida.

I, the undersigned, certify that I have physically inspected the above described vehicle and find that the vehicle identification number on the vehicle to be identical to the vehicle identification number recorded on this form.

(Seal)

Date: _____

Commissioned Name of Florida Notary: _____ Notary's Signature: _____
(Print, Type or Stamp)

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

Florida DMS/Tax Collector Employee: _____

Signature: _____ Printed Name: _____

Law Enforcement Officer or Florida Dealer/Agency Name: _____ Badge # or Florida Dealer # _____

Florida Compliance Examiner/Inspector Badge or ID Number: _____

◆ NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT ◆

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

(Date)

I/We hereby name and appoint, _____, to be my/our
(Full Legibly Printed Name is Required)

lawful attorney-in-fact, to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

CHECK ONE: ☐ Motor Vehicle ☐ Mobile Home ☐ Vessel

Year	Make/Manufacturer	Body Type	Title Number
Vehicle/Vessel Identification Number			

NOTICE TO OWNER(S): COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING.

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

(Signature of Owner "Grantor")

(Legibly Printed Name of Owner "Grantor")

(Driver License, Identification Card or FEID Number for Owner)

(Date of Birth for Owner, if applicable)

(Owner's Address)

(City)

(State)

(Zip)

(Signature of Co-Owner "Grantor," if applicable)

(Legibly Printed Name of Co-Owner "Grantor," if applicable)

(Driver License, Identification Card or FEID Number for Co-Owner)

(Date of Birth for Co-Owner, if applicable)

(Co-Owner's Address)

(City)

(State)

(Zip)

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the **buyer only** or the **seller only**. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (a) the title is physically being held by the lienholder; **or**
(b) the title is lost.

NOTE: A licensed dealer and his/her employees are considered a single entity.

Check your local phone book government pages or visit the following website for current mailing addresses:
<http://www.flhsmv.gov/offices/>