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Callaway, FL 32404-6931

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Lynn Haven, FL 32444-1740



CHUCK PERDUE
TAX COLLECTOR
BAY COUNTY, FLORIDA

850 W 11th Street
Panama City, FL 32401-2336

10520 Hutchison Blvd.
Panama City Beach, FL 32407-3836

P.O. Box 2285 Panama City, FL 32402-2285
Customer Support: (850) 248-8501

Dear Military and Military Family Members,

First, thank you for your service and sacrifice to our country to protect freedom. We recognize your service often makes things more challenging as you are transitioning to new assignments and conducting business remotely. We want to make titling and registering your vehicle as painless as possible.

This packet is a comprehensive packet. The items you will need to complete will be based on your individual circumstances. We have tried to layout the specific circumstances for each form in detail. Our office does not make the policy regarding the documents required to register vehicles, but we do have to follow through on those policies to ensure your vehicle is legally registered and is not rejected by the State of Florida.

If you follow the checklist provided, there should be no issues with getting your title work completed in a timely fashion.

We recognize questions may arise as you are completing the packet. Please reach out to our Customer Support Center at Support@baytaxcollector.com with any questions.

Again, thank you for your service and we look forward to serving you.

Respectfully,

The Bay County Tax Collector's Office



CHUCK PERDUE
TAX COLLECTOR
BAY COUNTY, FLORIDA

Bay County Tax Collector
Military Motor Vehicle Checklist
Contact: Support@baytaxcollector.com

FOR ACCURACY IN PROCESSING, PLEASE TYPE THE INFORMATION ON THIS FORM PRIOR TO PRINTING.

NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

DAYTIME PHONE NUMBER: _____

E-MAIL ADDRESS: _____

IN ORDER TO OBTAIN A FLORIDA CERTIFICATE OF TITLE, YOU MUST SUBMIT THE FOLLOWING DOCUMENTATION. **WE CANNOT ACCEPT ANY FORMS WITH ALTERATIONS OR STRIKE-OUTS. :**

1. IDENTIFICATION REQUIREMENTS: ALL INDIVIDUAL(S) MUST SUBMIT A COPY OF ONE OF THE FOLLOWING WITH THE APPLICATION FOR TITLE:

- A driver license or ID card with photo issued by any US state or territory
- A Canadian driver license or ID card
- A valid US or out-of-country passport
- If transaction is being completed by **Power of Attorney (HSMV #82053)** a copy of the driver license for both the applicant and the person appointed power of attorney is required.

2. APPLICATION FOR CERTIFICATE OF TITLE (HSMV 82040 MV):

PLEASE NOTE: FOR MILITARY PERSONNEL CLAIMING A FLORIDA INSURANCE EXEMPTION, AN OUT OF STATE ADDRESS FOR MAILING PURPOSES IS REQUIRED IN SECTION 1 OF THE APPLICATION FOR CERTIFICATE OF TITLE (HSMV 82040 MV) UNDER THE "OWNER'S MAILING ADDRESS (MANDATORY)" SECTION. IT IS MANDATORY THAT A FLORIDA ADDRESS MUST BE PROVIDED IN SECTION 1 OF THE APPLICATION FOR CERTIFICATE OF TITLE (HSMV 82040) UNDER THE "OWNER'S OR LESSEE'S PHYSICAL STREET ADDRESS IN FLORIDA (MANDATORY)" SECTION.

- Complete sections 1, thru 6. If company owned, an FEID number **MUST** be provided.
- If out-of-state title, section 8 **MUST** be completed but only by a law enforcement officer from any state, military police, Licensed Florida Dealer or a Florida certified notary.
- **All applicants MUST sign section 12.** (If signing as an agent of a business, the agent's position with the business must be noted.)

3. ONE OF THE FOLLOWING MUST BE SUBMITTED TO SHOW PROOF OF OWNERSHIP:

(CAUTION: COPIES CANNOT BE ACCEPTED AS PROOF OF OWNERSHIP)

- **NEW CARS:** MANUFACTURER'S STATEMENT OF ORIGIN (MSO)

NOTE: Odometer disclosure statement must be completed on back of the MSO or original odometer disclosure statement completed by Dealer & Purchaser must be submitted.

- **USED CARS:** FLORIDA TITLE OR OUT-OF-STATE CERTIFICATE OF TITLE

NOTE: Used cars 20 years or newer require the odometer and the date read to be disclosed on the title assignment per Federal Odometer Laws.

The title must be signed over the purchaser and seller lines and the odometer disclosure statement & applicable date must be completed when:

- Ownership is changing
- Adding/ removing a name
- Transferring to/from a trust
- Name change

4. BILL OF SALE OR COPY OF DEALER INVOICE:

- Required for purchases and vehicles already titled in the proper owner's name for less than 6 months.
- Not required on vehicles titled or registered in the owner's name for 6 months or longer.

5. CURRENT REGISTRATION:

If you are transferring a current Florida license plate that is registered to the owner(s) of this vehicle, a copy of the current registration or the following information is required:

Florida License Plate Number to be transferred: _____

6. MILITARY ORDERS:

A copy of your military orders must be submitted to prove that you are a resident stationed outside of Florida.

7. INITIAL REGISTRATION EXEMPTION FORM (HSMV #82002)

This **Initial Registration Exemption form (HSMV #82002)** is to exempt the Registration Fee to qualified military members. The top section must be completed with the vehicle information. Military Members must review page 2 of this application and select qualifying exemption and enter the exemption number on page 1. The military member must sign, print and date the bottom of the form.

8. **PROOF OF INSURANCE WITH FLORIDA LICENSED INSURANCE COMPANY:**

Insurance in Florida by an out-of-state insurer is not sufficient; insurance must be furnished from a company licensed in Florida.

Please note: This affidavit attached may only be completed if you have a current Florida insurance policy. If you are exempt from Florida insurance because you are a permanent Florida resident stationed outside of the state of Florida and have a current out-of-state insurance policy, please complete the **Military Insurance Exemption Form** and check the appropriate box.

***Important update effective July 1, 2012, the Department of Motor Vehicles requirements for military members stationed out-of-state.** A letter on letterhead stationary from the out-of-state insurance company/agent stating that the military member is currently insured in the state where he/she is actively stationed. This letter should contain all policy information including name of insured, effective date of insurance, insurance company name, policy number, and vehicles covered. (A faxed letter on letterhead stationary is permissible.)

9. **CALCULATION OF FEES:** OUR OFFICE WILL CALCULATE THIS FOR YOU AND CONTACT YOU VIA PHONE FOR PAYMENT AUTHORIZATION. A fee chart can be accessed online to estimate fees.

10. **CHECK, MONEY ORDER OR CREDIT CARD:**

- Your check is welcome provided it includes: Full Name, Street Address, along with two telephone numbers with area code.
- Note: If your check is returned, it may be re-presented electronically. By submitting your payment by check, you are authorizing service charges and processing fees, as permitted by F.S. 832, to be debited from the same account by paper draft or electronically, at the option of the Tax Collector (for the returned check).
- Credit Cards (a 2.5% convenience fee applies) payable with American Express, Discover, MasterCard & Visa. Complete Credit Card Authorization Form.

11. **MAIL YOUR PAPERWORK TO:**

Chuck Perdue, Tax Collector
P.O. Box 2285
Panama City, FL 32402
Phone: 850.248.8501
www.BayTaxCollector.com

MAILING OVERNIGHT PHYSICAL ADDRESS
850 W. 11th Street
Panama City, FL 3240

Note: Please allow 5 – 7 business days for processing and mail time. If you would like expedited mail services, a prepaid overnight envelope must be supplied with your transaction. * Fast titles require additional signature by mail and additional fees.

Note: Title work must be mailed overnight mail or certified mail so it may be tracked by the sender. The sender is responsible to confirm delivery of title work to our office with mail provider (i.e. Fed Ex, UPS, and USPS). There is a 10 business day turnaround time upon receipt of title work.

CHECKLIST: Did you include all required documents?

- ___ Your contact information on the front cover page of the Mail Packet
- ___ Proof of Identification (for **all** applicants) (Copy of Driver Licenses, etc.)
- ___ Military orders showing assigned duty station
- ___ Application for Title (form 82040 MV) — 2 pages
- Section 4 is completed with lienholder information or write none if no lien applies.
- All applicable sections and section 12 **signed by all applicants?** Did you provide the mandatory Florida physical address in section 1?
- ___ Original Certificate of Origin (if purchased brand new) or Original Certificate of title (if purchased used). Photocopies cannot be accepted.
- ___ Separate Odometer Disclosure (On new purchases & vehicles 20 years and newer)
- ___ If vehicle was bought from an individual: Did the seller and purchaser sign the title? Did you include the bill of sale?
- ___ Bill of Sale and/or copy of dealer invoice if purchased
- ___ Power of Attorney (if applicable)
- ___ Current registration (if transferring a valid Florida license plate) and did you write the plate information on the mail packet in the plate transfer section?
- ___ Proof of Florida Insurance — Complete Florida Insurance Affidavit in its entirety (Owner's name, insurance company name, policy number, insurance company's Florida 5 digit company code and owner's signature).
- Note:** This affidavit can only be completed if you have a Florida policy/agent. If you currently do not have a Florida policy/agent, you must contact your insurance company to have your policy changed to Florida before you can be issued a Florida license plate/registration.
- ___ Stationed out-of-state military members only, a letter on letterhead stationary from the out-of-state insurance company is required to be submitted.
- ___ Check, money order in US funds made payable to **Chuck Perdue, Bay County Tax Collector** or credit card agreement. Checks must include:
 - Full Name, Street Address and phone number with area code.

Military Packet Forms

Forms include:

- **Power of Attorney Form** (HSMV #82053) a copy of the driver license for both the applicant and the person appointed power of attorney is required.
- **Application for Certificate of Title** (HSMV #82040 MV) - for military personnel claiming a Florida Insurance exemption, and out-of-state address for mailing purposes is required. Please see instructions under #2 of this packet.

If you have a mobile home or vessel you would like to title in Florida, there are separate title applications that must be submitted. Please use the QR codes below to access these forms.



**Mobile
Home
Title
Application**



**Vessel
Title
Application**

- **Initial Registration Fee Exemption Affidavit** (HSMV #82002)
- **Military Insurance Exemption Form Affidavit**
- **Florida Insurance Affidavit** (HSMV #83330)
- **Florida Resident Military Affidavit Stationed Outside Florida**
- **Military Personnel Florida Sales Tax Exemption**
- **Credit Card Authorization Form**
- **Certificate of Entitlement for U.S. Military Service Personnel Claiming an Exemption from Florida Sales Tax**
- **VIN Verification Form** (HSMV # 82042)

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/>



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE 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 ☐ TransferRequest to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: MailedOff-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV)☐ Recreational Off-Highway Vehicle (ROV)☐ Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number		Fleet 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	Date of Birth
FL DL/ID or FEID/Suffix Number		Owner's Mailing Address			City		State	Zip Code
Owner's Residential Street Address					City		State	Zip Code
Mail To Customer Name (If different from above owner)			Mail To's Phone Number (Voluntary)		Mail To's Email (Voluntary)		Sex	Date of Birth
FL DL/ID or FEID/Suffix Number		Mail To's Address (If different from above mailing address)			City		State	Zip Code
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		
Co-Owner or 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	Date of Birth
FL DL/ID or FEID/Suffix Number		Co-Owner's/Lessee's Mailing Address			City		State	Zip Code
Co-Owner's/Lessee's Residential Street Address					City		State	Zip Code

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN)		Florida Title Number		License Plate Number		Previous State of Issue		
Make/Manufacturer		Model	Year	Body	Color	Weight	GVW	BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other		Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric						

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab

Section 4: 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	Zip Code
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 motor vehicle title to the owner and sign here: _____			

Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle 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 6: ODOMETER DECLARATION

WARNING: Federal and State law requires 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 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 miles. (No tenths)	Date Read: ____/____/____.
I/we hereby certify that to the best of my/our knowledge the odometer reading: <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS NOT THE ACTUAL MILEAGE. <input type="checkbox"/> 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.	



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE 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	

Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

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 Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. **Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.**

I, the undersigned, certify that I have physically inspected the above-described vehicle:

Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date
Select which option best represents the certifying inspector:			<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	Signature: _____
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____	
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)

The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle 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"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the motor vehicle described on this application, is not subject to Florida Sales and Use Tax for the following reason:	
<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Transfer between a married couple <input type="checkbox"/> Other: _____	
<input type="checkbox"/> 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 10: REPOSSESSION DECLARATION

☐ I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.

Section 11: NON-USE AND OTHER CERTIFICATIONS



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

- ☐ I certify that the certificate of title is lost or destroyed.
- ☐ The vehicle identified will not be operated on the streets and highways of this state until properly registered.
- ☐ Other: (explain) _____

Section 12: 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 13: 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 motor vehicle 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 motor vehicle to:		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date

INITIAL REGISTRATION FEE EXEMPTION AFFIDAVIT

PLEASE CHECK THE APPROPRIATE BOX AND SIGN

☐ I am a qualifying member of the U.S. Armed Forces, or his or her spouse or dependent child. **I am claiming exemption # _____ (see list on the reverse side of this form in section A, 1-6, which also lists the required documents). Select exemption reason of "military." The customer must complete and sign this form to claim the exemption.**

☐ A license plate is being transferred (for a name change) due to a fictitious name change affidavit or corporate name change affidavit properly filed with the Department of State, pursuant to section 865.09, Florida Statutes. Select exemption reason of "administrative." (A copy of the name change affidavit from the Department of State must be submitted.)

☐ A transfer of ownership on a Florida Certificate of Title has occurred from a person to a member of that person's immediate family as defined in 657.002, Florida Statutes, who resides in the same household. Select exemption reason of "immediate family." **(NOTE: The address of the previous owner and new owner must be the same in the FRVIS system).**

AN EXEMPTION REASON MUST BE SELECTED IN THE SYSTEM TO RECORD EXEMPTION.

Date

FOR FLORIDA DMS, TAX COLLECTOR/LICENSE PLATE AGENT, OR AUTHORIZED EFS AGENTS (FLORIDA DEALER) USE ONLY

☐ The exemption (checked above) has been verified by (County #) _____ (Agency #) _____ (Dealer License #) _____

Date _____

A. LIST OF QUALIFYING MILITARY EXEMPTIONS:

1. I am a member of the U.S. Armed Forces (includes Navy, Army, Marines, Coast Guard and Air Force), or his or her spouse or dependent child, who is not a Florida resident and is stationed in the state of Florida on military orders. Submit a copy of your military orders and out of state driver license.
2. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who is/was not a Florida resident and is stationed in the state of Florida on military orders and is now becoming a resident of Florida. Submit a copy of your military orders and Florida driver license.

NOTE: The prior non-resident member or his/her spouse or dependent child would qualify for this exemption even if the vehicle were not previously registered in Florida as a "Registration Only." Some members retain an out of state license plate for their vehicle from their state of residence while stationed in Florida.

3. I am a former member of the U.S. Armed Forces, or his or her spouse or dependent child. I purchased this motor vehicle while stationed outside Florida. I was not dishonorably discharged nor discharged for bad conduct. I was a resident of Florida at the time of enlistment and discharge and continue to be a resident of Florida. I am applying for registration within 6 months after discharge. Submit a copy of your Discharge Order (DD214) and Florida driver license.
4. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida. I have been reassigned by military orders to this state. Submit a copy of your military orders and Florida driver license.
5. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida, and continue to be stationed outside of Florida. Submit a copy of your military orders and Florida driver license.
6. I am a resident of Florida and a spouse or dependent child of a member of the U.S. Armed Forces, who lost his/her life (submit proof of military death notification) or is listed as "Missing in Action" (MIA) (submit proof of MIA status).

NOTE: The member of the U.S. Armed Forces must have been a resident of Florida at the time of enlistment. Registration must occur within one (1) year of notification of death or MIA status.

B. THIS FORM SHOULD NOT BE USED WHEN:

1. The U.S. Armed Forces member is not a resident of Florida **AND** is not assigned by military orders to the state of Florida.
2. The U.S. Armed Forces member is dishonorably discharged or discharged for bad conduct.
3. You are a member of a uniformed service, but not the U.S. Armed Forces.

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

Certificate for a Florida Resident who is or who is the Spouse of an Active-Duty U.S. Armed Forces Member Currently Stationed in a State or Territory Other Than Florida

AFFIDAVIT

I _____, am an active-duty U.S. Armed Forces member or the spouse
(Name of Active-Duty U.S. Armed Forces or his/her Spouse)

of an active-duty U.S. Armed Forces member and reside with my spouse, and maintain the motor vehicle/vessel listed below while I am, or my spouse is stationed outside of Florida:

(Year)

(Make of Vehicle/Vessel)

(Vehicle/Vessel identification Number)

I certify that:

- I am, or my spouse is, an active-duty U.S. Armed Forces member who is a Florida resident and who claims Florida as his/her home of record.
- I am, or my spouse is, an active-duty U.S. Armed Forces member currently residing outside of Florida pursuant to military orders and,

effective _____, stationed or posted in _____.
(Date) (State or Territory)

- The vehicle listed above is primarily maintained in the state or territory shown above where I am, or my active-duty U.S. Armed Forces spouse is, stationed or posted.
- I, or my spouse, comply with the insurance or financial security requirements of the state or territory shown above where I am, or my active-duty U.S. Armed Forces spouse is, stationed or posted.

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

(Signature of U.S. Armed Forces Member or Spouse)

THIS EXEMPTION APPLIES TO VEHICLES REGISTERED IN THE NAME OF THE:

- * U.S. ARMED FORCES MEMBER;
- * THE SPOUSE OF THE U.S. ARMED FORCES MEMBER WHO RESIDES WITH THE U.S. ARMED FORCES MEMBER; AND
- * THE U.S. ARMED FORCES MEMBER OR THE U.S. ARMED FORCES MEMBER'S SPOUSE AND THEIR DEPENDENT CHILD/CHILDREN.

FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I _____ certify that I have
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability

Insurance currently in effect with _____ under
(Name of Insurance Company)

_____ covering the following motor vehicle:
(Policy Number) Company Code Number (5 digits)

_____ Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida. I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

Signature of Insured

WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.

HSMV 83330 (Rev. 09/09)

www.flhsmv.gov

MILITARY INSURANCE EXEMPTION INFORMATION

The exemption for providing proof of Florida insurance applies in the following circumstances:

1. The military member or non-military spouse is an owner, co-owner or registrant.
and
2. The military member is a Florida resident stationed outside Florida.

All of the following are required:

1. An out-of-state mailing address (which will be shown on the Florida Vehicle Registration Certificate) for the military member.
2. **a. A copy of the military orders for all original registrations. This is also acceptable proof for renewals.**
or
b. For renewals, the military member's military ID. If an ID is presented as proof of military assignment, it must not contain the word "retired". Retired military members living in Florida are considered Florida residents and as such must comply with Florida insurance requirements and have a Florida driver license.
or
c. An affidavit from the military member confirming the member's military assignment to another state and the date of assignment. (See Exhibit F).
and
3. An affidavit stating the vehicle is being maintained in the member's state of military assignment and will not be driven in the state of Florida, except in a transient visitor status **(See Exhibit F).**
4. **Proof of insurance as described in Verification: A. Acceptable Forms of Proof on pages three and four of this procedure.** If proof of insurance is submitted in a language other than English, it must be accompanied by a written translation into the English language.



Electronic Check/ Credit Card Authorization Form

(There is no additional cost for an e-check, a credit card payment will charge a 2.5% fee with a minimum of \$2.50.)

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check: (Last, First): _____

Address: _____

Bank Routing Number: _____

NAME
ADDRESS
CITY, STATE ZIP

DATE

0123
01 23456789

PAY TO THE ORDER OF

\$

DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR

0123456789 01234567890123 0123

Bank Routing Number Bank Account Number Check Number

Type of Account: ☐ Checking ☐ Savings

Bank Account Number: _____

Amount Authorized: _____

Financial Institution: _____

Email Address for electronic receipt (optional): _____

Signature: _____

Please complete the information in the box below to authorize a credit card transaction.

Card Address: _____

Amount Authorized: _____ Card Type: Visa MasterCard Discover AmEx

Card Number: _____ Code on Back: _____ Expiration Date: ____ / ____

E-mail Address for electronic receipt (optional): _____

Signature: _____

***** Please provide a daytime phone number if you would like a phone call prior to the payment being processed. () - . While we can provide a rough estimate at the time of paperwork submission, we cannot provide an exact amount until we begin processing your paperwork. Thank you for your understanding.**

Certificate of Entitlement for U.S. Military Service Personnel (Currently Stationed in a State Other Than Florida) Claiming an Exemption from Florida Sales Tax

I _____, am a military member who has purchased the
(Name of Military member)

motor vehicle/vessel listed below in _____ while stationed outside of
Florida:
(State)

(Year) (Make of Vehicle/Vessel) (Vehicle/Vessel identification Number)

I am certifying the following:

- I am a resident of the state of Florida.
- I am currently residing outside of Florida pursuant to military orders.
- The vehicle/vessel will be held outside of Florida for longer than 6 months.
- I will not bring the vehicle/vessel into the state of Florida within 6 months from the date of purchase, even for temporary reasons.
- I recognize that I owe tax to the state in which the motor vehicle was purchased, unless a specific exemption applies.
- I do not intend to avoid sales or use tax in any state by registering the vehicle/vessel in Florida.

I understand that if I fraudulently issue this certificate to evade the payment of sales tax I will be liable for payment of the sales tax plus a penalty of 200% of the tax and may be subject to conviction of a third degree felony.

Under the penalties of perjury, I declare that I have read the foregoing Certificate of Entitlement and the facts stated in it are true.

(Date)

(Signature of Military Member)

www.flhsmv.gov/offices/

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON OR AUTHORIZED AGENT OF ANY PERSON REQUIRED TO MAKE APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION.

WHEN SHOULD THIS FORM BE COMPLETED?

ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS NOT CURRENTLY TITLED IN FLORIDA, WITH A NET WEIGHT OF 2,000 POUNDS OR MORE.

WHEN SHOULD THIS FORM NOT BE COMPLETED?

WHEN CERTIFICATE OF TITLE IS BEING APPLIED FOR ON ONE OF THE FOLLOWING:

1. NEW MOTOR VEHICLE, REGARDLESS OF WHETHER PURCHASED IN FLORIDA OR OUT OF-STATE
2. MOBILE HOME
3. TRAILER OR SEMITRAILER WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS
4. TRAILER TYPE RECREATIONAL VEHICLE (TRAVEL TRAILERS AND CAMP TRAILERS)
5. OFF-HIGHWAY VEHICLE

Visit the following website for current mailing addresses <http://www.flhsmv.gov/offices/>