

## **INFORMATION PACKET**

### **FAST TITLE SERVICE FOR VEHICLES**

This packet has been designed to help expedite the processing of your application for a fast title.

Florida Statutes 319.323 allows for the issuance of titles called “Fast Titles.” All Seminole County Offices may issue fast titles for transactions with proper documentations. The fee for this additional service is \$10.00 (not including transfer fees).

1. The fast title service is available at all Seminole County Tax Collector locations.
2. Fast title transactions may be paid by cash, check, debit, or credit card.
3. Issuance of titles over the counter will be allowed only when the transaction is as follows:
  - a. Transfers between individuals (casual sales)
  - b. Clean duplicate title with a current odometer reading
  - c. Transfers involving deaths
  - d. Title corrections
  - e. Electronic titles (release of ELT liens)
  - f. Transfers from out-of-state
4. Titles processed over the counter will be released the same day to the owner or person holding a notarized affidavit, Power of Attorney, or a Fast Title Authorization Affidavit (attached). A Florida or out-of-state photo driver license, Florida I.D. card, U.S. passport, or out of country passport must be presented with a signature before the title can be released.
5. All other transactions (i.e. towing and storage, rebuilt, salvage, etc...) will be processed as mail titles and sent in 7 – 10 business days from the Department of Motor Vehicles.
6. If you wish to process your application by mail, please send all documents to:

**Seminole County Tax Collector  
PO Box 630  
Sanford, FL 32772-0630**

If you need further assistance, please contact our office at 407-665-1000.

## AUTHORIZATION / RELEASE AFFIDAVIT

Owner Information:

Vehicle/Vessel Description

\_\_\_\_\_  
Name of Registered Owner(s)

\_\_\_\_\_  
Title Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Year

\_\_\_\_\_  
Make

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Vehicle/Vessel Identification Number

\_\_\_\_\_  
Phone Number – Including Area Code

I \_\_\_\_\_ authorize \_\_\_\_\_  
(Owner's Name) (Person Appointed)

to receive my title certificate or registration for the above described vehicle.

Under Penalties of perjury I declare that I have read the foregoing document and certify that the statement is true. I understand that a person who knowingly makes a false declaration is guilty of the crime of perjury by false written declaration, a felony of the third degree, punishable as provided in Florida Statutes 775.082, 775.083, and 775.084.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Owner

\_\_\_\_\_  
Date

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

[www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)

## Notice of Sale and/or Bill of Sale for a Motor Vehicle, Mobile Home, Off-Highway Vehicle or Vessel

Notice of Sale (Seller must complete sections 1 & 3). The purchaser's signature in section 3 is optional.

Bill of Sale (Seller and purchaser must complete sections 1, 2 (when applicable) & 3).

### 1. Motor Vehicle, Mobile Home, Off-Highway or Vessel Description

Year	Make/Manufacturer	Body Type	Model	Color	
Certificate of Title Number		Current Title Issue Date	Vehicle/Vessel Identification Number		
<b>I/we do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:</b>					
Print Name(s) of Purchaser(s)					
Address		City	State	Zip Code	
Date of Sale		Selling price \$			

### 2. Odometer Disclosure Statement (Required For a Motor Vehicle)

**Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.**

WE STATE THAT THIS MOTOR VEHICLE'S  5 DIGIT OR  6 DIGIT ODOMETER NOW READS    ,    .xx  
(NO TENTHS) MILES, DATE READ \_\_\_\_/\_\_\_\_/\_\_\_\_, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:

1. REFLECTS THE ACTUAL MILEAGE.  2. IS IN EXCESS OF ITS MECHANICAL LIMITS.  3. IS NOT THE ACTUAL MILEAGE.

**Affidavit (When applicable):**

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### 3. Certification

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

Seller's Signature	Seller's Printed Name	Date
Seller's Address	City	State      Zip Code
Co-Seller's Signature (when applicable)	Co-Seller's Printed Name (when applicable)	Date
Co-Seller's Address (when applicable)	City	State      Zip Code
Purchaser's Signature	Purchaser's Printed Name	Date
Co-Purchaser's Signature (when applicable)	Co-Purchaser's Printed name (when applicable)	Date

**\* OWNERSHIP STATUS FOR THE ABOVE DESCRIBED MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL WILL NOT CHANGE UNTIL THE PURCHASER APPLIES FOR AND IS ISSUED A CERTIFICATE OF TITLE.**

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



**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  Transfer

Request to print Certificate of Title:  No  Yes: In office  Yes: Mailed

Off-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		
<b>Owner Details:</b>		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	
<b>Co-Owner Details:</b>		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		
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> 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)**

Assembled from Parts  Autonomous  Bonded Title  Custom  Electric  Flood  Glider Kit  ILEV  Kit Car  
 Long Term Lease  Manuf. Buy Back  Police Veh.  Private Use  Rebuilt  Replica  Short Term Lease  Street Rod  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?  Inheritance  Date Acquired: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sale (Price: \$ \_\_\_\_\_)  Gift  Repossession  Court Order  Other (Specify): \_\_\_\_\_

**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  5 or  6-digit odometer now reads       .xx miles. Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(No tenths)

I/we hereby certify that to the best of my/our knowledge the odometer reading:  
 1. REFLECTS ACTUAL MILEAGE.  2. IS NOT THE ACTUAL MILEAGE.  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. <b>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.</b>			
<b>I, the undersigned, certify that I have physically inspected the above-described vehicle:</b>			
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)	
<b>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:</b>	
<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 _____ <i>(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)</i>	

Section 10: REPOSSESSION DECLARATION
<input type="checkbox"/> 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:
<input type="checkbox"/> I certify that the certificate of title is lost or destroyed.
<input type="checkbox"/> The vehicle identified will not be operated on the streets and highways of this state until properly registered.
<input type="checkbox"/> Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES		
<b>I/We physically inspected the VIN.</b> (More than one form HSMV 82040 may be used for additional signatures.)		
<b>Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</b>		
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 _____.		
<i>(Name of deceased)</i> <span style="float: right;"><i>(Date)</i></span>		
<input type="checkbox"/> Testate (with a will) <input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below. <input type="checkbox"/> When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.		
<b>Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</b>		
<i>(More than one form HSMV 82040 may be used for additional signatures.)</i>		
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
<b>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:</b>		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date