

INFORMATION PACKET

MANUFACTURER'S CERTIFICATE OF ORIGIN (MCO) FOR VESSELS

This packet has been designed by the Seminole County Tax Collector to help expedite the process of applying for a Florida title using a Manufacturer's Certificate of Origin (MCO).

Required Documents to apply for a Florida Title:

1. The original Manufacturer's Certificate of Origin (MCO) properly assigned to the purchaser.
2. A completed HSMV 82040, Application for Certificate of Title with/without Registration.
3. A Vessel Bill of Sale is suggested a may be required.
4. Six percent Florida Sales Tax is collected on the sale price. When the vessel is registered to a Seminole County address the first \$5,000.00 of the sale is subject to an additional 1% discretionary sales surtax.
5. Registration fees are determined by the length of the vessel.
6. **NOTE:** Trailers are registered separately. A copy of the trailer MCO or a Bill of Sale with a complete description including the empty weight of the trailer is required. The fees are determined by the registered owner's date of birth, empty weight, and the license plate type.

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

VESSEL BILL OF SALE

Vessel Description

Year	Make/Manufacturer	Body Type	Vessel Registration Number
Certificate of Title Number		Hull Identification Number	

Vessel Affidavits

- The above vessel has not been operated upon public waters in the State of Florida.
- After a thorough visual inspection of this vessel, I have been unable to locate any existing hull identification numbers on the vessel.
- _____

If purchase is a package deal, both vessel and trailer sections must be completed

Trailer Description

Year	Make/Manufacturer	Trailer Identification Number
Seller's Trailer License Plate Number		Empty Weight of Trailer

Trailer Affidavits

- This trailer has never been registered in this or any other state. * weight slip required *
- I purchased this trailer and have never registered it in my name. * weight slip required *
- After a thorough visual inspection of this trailer, I have been unable to locate any existing identification numbers on the trailer.
- _____

For more information or forms, please visit www.seminoletax.org or call 407-665-1000

Seller Must Complete

Printed Name(s) of Purchaser(s)	
Date of Sale	Selling Price (excluding price of any outboard motors) \$
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.	
Signature of Seller	Printed Name of Seller



APPLICATION FOR CERTIFICATE OF VESSEL 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

Section 1: OWNER/APPLICANT INFORMATION

Form section for owner/applcant information including fields for Customer Number, Fleet Number, Unit Number, Owner's County of Residence, Owner Details, and Co-Owner Details.

Section 2: VESSEL DESCRIPTION

Form section for vessel description including fields for Hull (Vessel) Identification Number (HIN), Florida Title Number, FL/DO Number, Renewal of Number, State of Principal Use, Make/Manufacturer, Model, Year, Weight, Length, Draft of Vessel, and Primary Operation.

Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION

Form section for out-of-state/out-of-country certification including fields for Previous State of Issue and Previous Registration Number.

Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

Form section for documented/foreign-documented vessel certification including a statement of certification and options for documentation.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Section 5: 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 vessel title to the owner and sign here: _____		

Section 6: SECURITY INTEREST

I certify that the vessel listed above has security interests. (More than one form HSMV 82040 may be used for additional secured parties.)

Secured Party's Name	Secured Party's Mailing Address	City	State	Zip Code
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Section 7: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the vessel acquired? Inheritance Sale (Price: \$ _____ . _____) Gift Repossession Court Order Other (Specify): _____

Date Acquired: _____ / _____ / _____

Section 8: DEALER SALES TAX REPORT AND VESSEL 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)	Vessel Identification Number of Trade In	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)

I certify the recreational vessel described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

Purchaser (state agencies, counties, etc.) holds valid exemption certificate Vessel will be used exclusively for rental.

Consumer's Certificate of Exemption Number: _____ Sales Tax Registration Number: _____

I hereby certify that ownership of the vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason:

Inheritance Gift Divorce Decree Transfer between a married couple Other: _____

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: REPOSESSION DECLARATION

I certify that this vessel 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 vessel identified will not be operated on the waters of this state until properly registered.

Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES

I/We physically inspected the HIN. (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 vessel 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 vessel to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date