## Charlotte County Tax Collector

Vickie L. Potts



Name(s):	Phone #:	Email ( <i>optional</i> ):	
	be Original or emailed with an a outs, white out, or write overs w	acceptable computer-generated signature, will be accepted on any form.	no copies.***
<u> </u>		e Company ( <i>contacted our office by phone or</i> Out of State or Florida Certificate of	. ,
Application for Certificate of Ti all owners/lessees must sign		form 82040). Complete all applicable are	eas and
Copy of <b>all</b> applicants' current	driver license or valid passport		
Proof of <b>Florida</b> Insurance, m	ust include 5 digit Florida code (	Card, policy, or Florida Insurance Affidavit	(form 83330))
☐ officer, Military Police officer, I	Florida notary, or Florida licens	g the vehicle to our office or any law enfo ed dealer can perform this verification on s Odometer Verification (Form 82042).	
		e bill of sale, dealer invoice, or equivalent Registration dated over 6 months.	with proof
If NEW with MSO: Odometer of	disclosure (form 82993) comple	ted by both transferors and transferees.	
		orney from the titled owner(lease company Florida Sales Tax Registration Number.	/)
License Plate: 1. Transfer Pla	te # :	e OR Need plate (surrendered/destroyed	d)
2. New License	—— e Plate (\$225 initial fee may apply	; see form 82002 or contact us for exemptions	)
Plate Options: 1. Standard:	Charlotte Sunshine Stat	e State Motto (In God We Trust)	
2. Specialty: _			
3. Personalize	d: Complete form 83043		
4. Military: Cor	nplete form 83034		
Registration Period: Expires midi	night of 1st owner's birthday <i>(not</i>	t prorated)	ır+(25-27mths)
Fee: \$ This consists of	f sales tax, title, initial fee, licen	se plate, registration, mail, and late ( <i>if appl</i>	licable) fees.
Name as it appears on Credit	Card:	Charged Amount Not to Exceed \$ Card Holder Phone #:	,
Credit Card Number:		3 Digit Security Code: Exp Date	:/
	-	ax Collector in a U.S. bank check.	
	r credit card (2.5%) or e-check	(no fee), must pay by 4pm on processing	day.
Additional Info:			

Return using our Drop Boxes at any of our four locations or via Mail to the address below:

**CHARLOTTE COUNTY TAX COLLECTOR** 

Processing & Imaging Department, Attn: Cherie 18500 Murdock Circle | Port Charlotte, FL 33948

Phone: 941.743.1350 | Fax: 941.623.1089 | Email: taxpi@charlottecountyfl.gov



# **Charlotte County Tax Collector Fee Chart & Worksheet**

\*FOR LEASE VEHICLES, TRUCKS >5000lbs, and other body types not listed -

Visit https://www.flhsmv.gov/pdf/forms/83140.pdf or Call for fees 941-743-1350\*

CAR	PICKUP	TRUCK	1-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.
Thru 2499 lbs	Thru 199		\$28.10	\$42.60	\$47.40	\$56.20	\$70.70	\$75.50
2500-3499 lbs	2000-300		\$36.10	\$58.60	\$63.40	\$72.20	\$94.70	\$99.50
3500 & Up lbs	3001-500	00 lbs	\$46.10	\$78.60	\$83.40	\$92.20	\$124.70	\$129.50
MOTORHOME Thru 4499 lbs			<b>1-12 Mo.</b> \$39.10	<b>13 Mo.</b> \$66.10	<b>14-15 Mo.</b> \$69.40	<b>16-24 Mo.</b> \$78.20	<b>25 Mo.</b> \$105.20	<b>26-27 Mo.</b> \$108.50
4500 & Up lbs			\$59.10 \$59.35	\$106.60	\$109.90	\$10.20 \$118.70	\$105.20 \$169.95	\$169.25
MOTORCYCLE		1-6 Mo.	7-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo	25 Mo.	26-27 Mo
		\$19.60	\$24.60	\$27.10	\$32.90	\$49.20	\$51.70	\$57.50
TRAVEL TRAILER	1-3 Mo.	4-6 Mo.	7-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo	25 Mo.	26-27 Mo
Up to 35 feet			\$39.10	\$66.10	\$69.40	\$78.20	\$105.20	\$108.50
35 feet & Up	\$18.35	\$24.60	\$37.10	\$43.35	\$46.65	\$74.20	\$80.45	\$83.75
1. Registration Fee:								
From the amounts lis		rate chart	above -OR-					
If you are transferring	a <u>current</u>	Florida reg	gistration:					
Autos/Trucks under 5	000 pound	ds \$4.60; d	or					
Motorhomes/Motorcy			89.10; or					
Trucks >5000lbs CALI							\$	(1)
2. License Plate Fee	` '							
Add \$28.00 if a new r								
Add \$225.00 if not tra	ansferring	a Florida p	late (MAY BE	EXEMPT, CAL	L FOR DETAILS)		\$	(2)
3. Title Fee:	00		- 4	_				
Vehicle Title Fee \$75				)				
Add \$10.00 if previou				AENTO)			•	(0)
Add \$2.00 if there is a lien on the vehicle (MAKING PAYMENTS)  \$(3								
4. Title Options: Electronic Title – A pa	aner title is	. N∩T issu	ed (no additi	onal fee) or				
Paper Title – A paper					\/AII ARI E \/// IE	N) add \$ 2 50	)	(4)
Fast Title – A paper ti								00 (4)
5. Late Fee:	illo io iliani	ou mmour	atory (ito i ita	, (12, 1322 11, 212		THE PROPERTY OF THE G	(Β) ααα φ 10	.00
If completed applicati	ion not rec	eived in o	ır office withi	in 30 days fr	om nurchase (	hate add \$ 20	0.00 \$	(5)
6. Sales Tax: Not application				-	•			
A. Purchase Price	ilcable ii ii	ie veriicie i	nas been ow	nea loi illore	\$ (11a11 SIX (0) 11			paiu.
B. Trade In					\$	E		
C. Taxable Value (A - E	3)				\$			
D. County Sales Tax (1			t to exceed \$	50	\$			
E. State Sales Tax (6%			f)		\$ \$	E F	<u>-</u>	
F. Less Sales Tax paid G. <b>Total Florida Sale</b>				0.6	Ψ	'	¢	(6)
	•	T = - F) - 1	Enter on Lin	e 0			Φ	(0)
7. Additional Fee(s) If returning by mail: A		D &E 1E if	motal plata id	noodod (CA	UL FOR EVERE	COMAIL EEEC)	¢	(7)
If ordering Personaliz			•	,		55 WAIL FEES)	Ψ	(1)
7. TOTAL AMOUNT	DUE: (AD	D LINES	I THROUGH	7)			\$	(8)
	edit Card				Charged Amo			(1180)
Payment by Credit Card: 2.5% fee with a \$2.50 minimum fee Charged Amount Not to Exceed \$  Name as it appears on Credit Card: Card Holder Phone #:								· ·
Credit Card Nun								Jaie:/
☐ Payment by Ch				•				
Payment by Ph	one: Will	call for cre	dit card (2.5%	%) or e-chec	k (no fee), mu	st pay by 4pn	n on process	sing day.

**CHARLOTTE COUNTY TAX COLLECTOR** 

Processing & Imaging Department, Attn: Cherie 18500 Murdock Circle | Port Charlotte, FL 33948

Phone: 941.743.1350 | Fax: 941.623.1089 | Email: taxpi@charlottecountyfl.gov

### FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

CHECK APPLICATION TYPE:	ORIGI	NAL O TRANS	SFER VE	HICLE 1							O VES	SEL	OFF-HIGH	WAY V	EHICLE:	O ATV	O R	оу 🔘 мс						
1					OWN	ER/A	PPLIC	CANT INFOR	MATIO				11	NI		F14	NI							
Customer Number		heck this box if you ne certificate of title	to be printed.						Owner Co-Owner					Unit Number			Number							
			1		1		resident? Oyes no yes no																	
										yes C														
OR NOTE: When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."																								
If applicable: Life Estate/Remainder Person Tenancy By the Entirety With Rights of Survivorship Owner's County of Residence:  Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name) Owner's Email Address Date of Birth Sex FL Driver License or FEID/Suffix #																								
Owner's Name As It Appears on Drive	er Licens	e (First, Full Middle	e/Maiden,	& Last Na	ame)		Owr	ner's Email Ad	dress			Da	te of Birth	Sex	FL Drivei	License	or FEIL	)/Suffix#						
On Orange III and a significant And IA Annua		N /Fin-	A. E. J. NAC.	-U - /A A - : -I -	0 14 1	1	0-1	0	-!- <b>-</b>	I A -l -l			tf Di-th	0	El Deire	. 1	5515	2/0ff#						
Co-Owner/Lessee's Name As It Appe	ears on L	Driver License (Firs	t, Full Mid	die/iviaide	en, & Last r	iame)	Co-(	Owner's/Lesse	e s Emai	i Addre	SS	Da	te of Birth	Sex	FL Drive	License	OFFEIL	D/Suffix#						
Owner's Mailing Address (Mandator	ry unloce	a member of the l	Military)				City	,							State	Zip								
Owner's ivialing Address (ivialidator	5																							
Co Owner's/Lessee's Mailing Addre	Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)  City  State  Zip																							
Cor-Owner of respect a maining variess (maintain) unless a member of the military)																								
Owner's/Lessee's Physical Street A	ddress i	n Florida (Mandato	rv unless	a membe	r of the Mili	tarv)	City								State	Zip								
Owner of Education Try Stock Curdent	idai 000 i	TT TOTICA (Mariadae	ny anicoo	u mombo	. 01 010 10111	uary)	City	1							Ciaio	2.19								
Mobile Home Physical Address (if a	pplicable	) Check if in a mobile	home renta	l park with	10 or more I	ots.	City	/							State	Zip								
							,																	
Mail To Customer Name (If different	t From A	bove Owner)		Mail To	Customer	s Email	Addres	ss				Dat	e of Birth	Sex	FL Drive	License	or FEID	D/Suffix#						
		•																						
Mail To Customer Address (If different	ent From	Above Mailing Ad	dress)				City	1							State	Zip								
2			N	MOTOR	VEHICLE			IOME OR VI		DESCI			0.1		· · · · ·									
Vehicle/Vessel Identification Number	<b>3</b> 1					iviake/	wanut	facturer	Year		Во	uy	Color		Florida Tit	e inumb	EI							
D : 0: / //		., .=		144 : 14					DUD/O		0)	24/11 6			(44) 1105 15		24515							
Previous State of Issue Licens	se Plate or	Vessel Registration No	umber	Weight	i	Lengtl Ft.		n.	BHP/C	C	GV	W/LC	OC		/AN USE, IF —		CABLE	_						
															PASSE		L	OTHER						
TYPE  Open Motorboat  Houseboat	_	Personal Watero	roft 🗖		L MATERIA				PROPUL				_	FUEL			<b>AFT OF \</b> oth of wai	VESSEL						
Open Motorboat Houseb		Canoe		Wood Fiberglas		Alumini Steel	um	Outboard	'	] Sail ] Δir P	ropelled		Gas Diesel			vessel		lei a						
Auxiliary Sailboat Airboat	Ē	=		Wood/Fib		0100.		Inboard/0	Dutboard		горошоц		Electric			FT.	IN.							
☐ Inflatable ☐ Sailboat Specify ☐ Other ☐ Other ☐ Other *For all vessels 26' or more									or more in															
				110	Special SE OF VES	•			Sp	ecify				Specify			d all sailbo	oats						
Recreational (Pleasure)	Г	Commercial Blu	e Crab		commercial		ah	☐ Gover	nment		☐ Con	nmerci	ial Sponge			EVIOUS T-OF-ST	ATE							
Recreational (Pleasure) Commercial Blue Crab Commercial Stone Crab Government Commercial Sponge OUT-OF-STATE Dealer/Manuf. Commercial Fish Commercial Live Bait Commercial Shrimp Recip. Commercial Charter Commercial Other REGISTRATION NUMBER:																								
Exempt Hire (Livery	) [	Commercial Ma	ckerel		Commercial	Shrimp N	Ion-Re	cip. 🔲 Comr	nercial Oy	/ster	Con	nmerci	ial Spiney Lob	ster										
Previously Federally Documented Ves	,	.,		_	,						State of	Princ	ipal Use											
U.S. Coast Guard Release From	Docume	entation Form; <b>or</b>		L				nentation Paper																
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4						Do	te of L	R INFORMA		holder'	's Name													
CHECK FEID#		# and Sex and Da	ate of Birth	ום 🔲 סו	MV Accoun	t#  50			2.0.		0.1440													
CUSTOMER Lianbolder's Email Address			Liophold	er's Addre	200				City						State	Zin								
Lienholder's Email Address			Liennoid	ers Addre	ess				City						State	Zip								
																-1								
If Lienholder authorizes the Dep (Does not apply to vessels). If by						owner, ch	neck bo	ox and counters	gn:			/Qi~	nature of Lier	holder's	Representa	tive\								
(Does not apply to vessels). It is	70X 13 1101	. criecked, title will b	e maneu to	uic iiist ii	ermoluer.							(Olg	inature of Lief	inoluci 3	representa	uve)								
5								SFER TYPE																
IF OWNERSHIP HAS TRANSFERRED, HO																								
SALE GIFT REPOSSESSION COURT ORDER OTHER (SPECIFY) DATE ACQUIRED / /																								
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  J/W AND I/WE HEREBY CERTIFY																								
THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:																								
1. <b>REFLECTS</b> ACTUAL MILEAGE. 2. <b>IS</b> IN EXCESS OF ITS MECHANICAL LIMITS. 3. <b>IS NOT</b> THE ACTUAL MILEAGE.																								
	LEUIS	O I OAL WILLEAGE.	D=	2011-1										1101 II	LAUTUALI	MLLAGE								
7		T	DEALE	K SALES				CLE TRADE IN					<u> </u>											
FLORIDA SALES TAX REGISTRATION N	UMBER	DATE OF SALE			DEALER L	CENSE N	UMBER	₹	AMOUN	T OF TA	X		DEALER / AGE	NT SIGN	ATURE									
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TEAR OF TRADE IN	WAKE (	OF TRADE IN			IIILE NUN	DEK UF I	KADE	IN (IF KNUWN)			VEHICLE	IDENI	IFICATION NUI	WIDEK UP	IKADEIN		YEAR OF TRADE IN MAKE OF TRADE IN TITLE NUMBER OF TRADE IN (IF KNOWN) VEHICLE IDENTIFICATION NUMBER OF TRADE IN							

8		MOTOR VEHICLE IDEN	NTIFICATION NUMBER VERIFICATION	ATION	
PRIOR VEHICL	ECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICA TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FOR ES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. COMPLETE OUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.	RM BY A FLORIDA LICENSED	DEALER, FLORIDA NOTARY F	PUBLIC, POLICE OFFICER, OR FLORIDA D	DIVISION OF MOTOR
I, the un	dersigned, certify that I have physically inspected the above described	vehicle and find the vehicle idea	ntification number to be:	(Vehicle Identificatio	n Number)
				·	
	DATE SIGNATURE			PRINTED NAME	
Law Enf	orcement Officer or Florida Dealer/Agency Name		Badge # or Flo	orida Dealer #	Notary Stamp or Seal
FL DMV	/Tax Collector Employee	Florida Compliance Exan	niner/Inspector Badge or ID Numbe	er	
COMMIS	SIONED NAME OF FLORIDA NOTARY:(Print, Type or Stamp)	NOTARY	'S SIGNATURE		
9	(Find, Type of Otamp)	SALES TAX	EXEMPTION CERTIFICATION		
	CHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIV IRCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER		OT QUALIFY FOR EXEMPTION. I CER	TIFY THE RECREATIONAL VEHICLE, MOBILE HOW	IE OR VESSEL DESCRIBED HAS
D PU	RCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION	I CERTIFICATE	C	ONSUMER'S CERTIFICATE OF EXEMPTION NUMB	ER
мо	OTOR VEHICLE MOBILE HOME VESSEL WILL BE USED EXCL	USIVELY FOR RENTAL			
Lhoroby	r certify that ownership of the motor vehicle, mobile home or vess	cal described on this applicat	ion is not subject to Florida Sal	SALES TAX REGISTRATION NUMBER	□INHERITANCE □ GIFT
_ '	_	_	•	-	
_	ORCE DECREE TRANSFER BETWEEN A MARRIED COUPL	EEVEN TRADE OR II	•	the even trade or trade down and the transf name and address, below under "Other: Exp	
	HER: (EXPLAIN)		TOOLON DEGLADATION		
10	L CKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE A		ESSION DECLARATION		
	I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VES (VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSIT AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSIT	SSEL WAS REPOSSESSED UF VESSEL IS REQUIRED AND A SSESSION BE ISSUED FOR T	ATTACHED. HE MOTOR VEHICLE OR MOBIL	LE HOME IN LIEU OF A TITLE (REPOSSESSI	ON).
_ [11		NON-USE AN	ID OTHER CERTIFICATIONS		
	CKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE A				
	I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTI	ROYED.			
	THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE ST	REETS AND HIGHWAYS OF	THIS STATE UNTIL PROPERLY F	REGISTERED.	
	THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WA	TERS OF THIS STATE UNTIL	PROPERLY REGISTERED.		
	OTHER: (EXPLAIN)				
12	T	APPI ICATION A	TTESTMENT AND SIGNATURES		
	IYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGE				ed for additional signatures.)
UNDEI	R PENALTIES OF PERJURY, I DECLARE THAT I HAVE RE	AD THE FOREGOING DO	CUMENT AND THAT THE FA	ICTS STATED IN IT ARE TRUE.	-
	SIGNATURE OF APPLICANT (OWNER)	Date		RE OF APPLICANT (CO-OWNER)	Date
13		RELEASE OF S	SPOUSE OR HEIRS INTEREST		
The un	dersigned person(s) state(s) as follows: That			died on	·
п.		· `	of Deceased)	and the trans	(Date)
	estate (with a will)  When applicable, the heir(s) (named below) certifies that the c		) and left the surviving heir(s) restroyed	named below.	
	R PENALTIES OF PERJURY, I DECLARE THAT I HAVE RE		•	ACTS STATED IN IT ARE TRUE.	
	·	(More than one form HSMV 820-	40 may be used for additional signatures	<u>s.</u> )	(-A
	Print or Type Name of Spouse, Co-owner or Heir(s	)		Signature of Spouse, Co-Owner or Heir(	S)
	the time of death the decedent was owner of the motor vehicle, mobile t law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle.		ection 2 of this form. The person(s	) signing above hereby releases all of his/her/th	heir right, title, interest and claim as

Name of Applicant(s) (Print or Type)

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.

Check your local phone book government pages or visit the following website for current mailing addresses: <a href="http://www.flhsmv.gov/offices/www.flhswv.gov/offices/www.flhswv.gov/offices/www.flhswv.gov/offices/www.flhswv.gov/offices/www.flhswww.flhswww.gov/offices/www.g

FLORIDA INSURANCE	AFFIDAVIT							
Under penalty of perjury, I(Name of Insure	certify that I have							
Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability								
Insurance currently in effect with(Name of Ins	urance Company)							
(Policy Number) Company Code Number (5 dig	covering the following motor vehicle:							
Year Make	Vehicle Identification Number							
This insurance company is licensed to issue insurance policies in Florida. <u>I understand that my driver license</u> , <u>license plate(s)</u> and <u>registration(s)</u> will be suspended effective from the <u>registration date</u> , 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.gc	ov							

### DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE OR LICENSE PLATE AGENT <a href="https://www.flhsmv.gov/offices/">www.flhsmv.gov/offices/</a>

#### INITIAL REGISTRATION FEE EXEMPTION AFFIDAVIT

VEHICLE IDENTIFICATION NO.		YEAR	MAKE	BODY	PREV. STATE	TITLE NO.				
	The customer muustomer claims exemption fro ation for registration on a m	om the \$ 2	25 Initial Regis	stration F	· —	_				
	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."									
	A Court Order declares/specifies the <u>customer</u> is the legal owner of the above-described motor vehicle. <u>Select exemption reason of "court order."</u> (A copy of the court order must be submitted.)									
	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 due to operation of law as provided by section 319.28, Florida Statutes. <u>Select exemption reason of "operation of law."</u> (A copy of the documentation which validates how the vehicle was acquired 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." (The address of the previous owner and new owner must be the same in FRVIS).									
	A prior registration or system printout has been submitted for the <u>following</u> license plate number (), to claim the initial registration exemption for the recently acquired above described vehicle. <u>Select exemption reason of "prior registration</u> ."									
]	The EXEMPTION REASON	MUST BI	E SELECTED	IN FRVIS	S TO RECORD EX	KEMPTION.				
Unde	er penalties of perjury, I decla	are I have	read the forego	oing docur	ment and the facts s	stated in it are true.				
	Signature of Owner Printed Name of Owner Date									
	RIDA DEPARTMENT OF HIC NSE PLATE AGENT EMPLOY			OTOR VE	HICLE (FLHSMV),	TAX COLLECTOR				
	The exemption (checked abo	ove) has be	en verified by C	ounty	Agency	_				
	Signature of Employee		- <u>- P</u> 1	rinted Nan	ne of Employee	 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.

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 (<u>submit proof of military death notification</u>) or is listed as "Missing in Action" (MIA) (<u>submit proof of MIA status</u>).

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.

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