

Charlotte County Tax Collector

Vickie L. Potts



Name(s): _____ Phone #: _____ Email (optional): _____

All documents that are signed must be Original or emailed with an acceptable computer-generated signature, no copies.
No cross outs, white out, or write overs will be accepted on any form.

- Requested **Original** Certificate of Title from Lienholder (*contacted our office by phone or in person*) -OR-
 - Original** Manufacturer's Statement of Origin -OR- **Out of State** or **Florida** Certificate of Title -OR-
 - Original** USCG Release from Documentation
- Application for Certificate of Title With/Without Registration (Form 82040 VS). **Complete all applicable areas and all owners/lessees must sign section 12.**
- Copy of **all** applicants' current driver license or valid passport.
- HIN inspection is required on all out-of-state vessels 30 years and older. Contact the Florida Fish and Wildlife Conservation Commission (FWC) for inspection.
- If the HIN is not 12 properly formatted characters as shown below provide a pencil tracing of the HIN or contact FWC for inspection.

HULL IDENTIFICATION NUMBER FORMATS

CURRENT FORMAT August 1, 1984	BMA	45678	H4	85
	Manufacturers ID Code (MIC)	Production or Serial #	Month Year of Production	Model Year

* Key to month of production for current format:
A - January D - April G - July J - October
B - February E - May H - August K - November
C - March F - June I - September L - December

For Reduced Fee, Emergency Beacon: Provide unexpired NOAA Proof of Registration letter or Registration Form

1. EPIRB (Emergency Position Indicating Radio Beacon)
2. PLB (Personal Locator Beacon)

Registration Period: Expires midnight of 1st owner's birthday (*not prorated*) 1 Year 2 Year 2 Year+(25-27mths)

Fee: \$ _____ This consists of sales tax, title, registration, mail, and late (*if applicable*) fees.

- Payment by Credit Card: **2.5% fee with a \$2.50 minimum** Charged Amount Not to Exceed \$ _____ (USD)
Name as it appears on Credit Card: _____ Card Holder Phone #: _____
Credit Card Number: _____ 3 Digit Security Code: _____ Exp Date: ____/____
- Payment by Check: Make payable to the Charlotte County Tax Collector in a U.S. bank check.
- Payment by Phone: Will call for 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

CLASS	Regular Fees		Reduced Fee w/EPIRB or PLB	
	1 Year	2 Year	1 Year	2 Year
CLASS A-1 All vessels less than 12 feet in length, and motorized canoes	\$13.50	\$27.00	\$10.95	\$21.90
CLASS A-2 12 feet or more and less than 16 feet in length	\$29.63	\$59.26	\$24.38	\$48.76
CLASS 1 16 feet or more and less than 26 feet in length	\$48.38	\$96.76	\$40.03	\$80.06
CLASS 2 26 feet or more and less than 40 feet in length	\$122.63	\$245.26	\$101.88	\$203.76
CLASS 3 40 feet or more and less than 65 feet in length	\$196.88	\$393.76	\$164.08	\$328.16
CLASS 4 65 feet or more and less than 110 feet in length	\$234.38	\$468.76	\$195.03	\$390.06
CLASS 5 110 feet or more in length	\$289.88	\$579.76	\$241.28	\$482.56

1. Registration Fee:

From the amounts listed on the rate chart above

\$ _____ (1)

2. Title Fee:

Vessel Title Fee \$5.75

Add \$4.00 if previously registered in another state

\$ _____ (2)

Add \$2.00 if there is a lien on the vessel (MAKING PAYMENTS)

3. Title Options:

Electronic Title – A paper title is NOT issued (no additional fee) or

\$ _____ (3)

Paper Title – A paper title is mailed in approximately 20 day (NOT AVAILABLE W/LIEN) add \$ 2.50

Fast Title – A paper title is mailed immediately (NOT AVAILABLE W/LIEN & FAST TITLE RELEASE REQ'D) add \$ 2.50

4. Late Fee:

If completed application not received in our office within 30 days from purchase date add \$ 10.00

\$ _____ (4)

5. Sales Tax: Not applicable if the vehicle has been owned for more than six (6) months and sales tax was paid.

A. Purchase Price \$ _____ A

B. Trade In \$ _____ B

C. Taxable Value (A - B) \$ _____ C

D. County Sales Tax (1% of taxable value) **not to exceed \$50** \$ _____ D

E. State Sales Tax (6% of taxable value) \$ _____ E

F. Less Sales Tax paid in another state (attach proof) \$ _____ F

G. **Total Florida Sales Tax (D + E - F) - Enter on Line 5** (\$18,000 state tax maximum) \$ _____ (5)

6. Additional Fee(s):

If returning by mail: Add \$.90 OR \$5.45 if metal plate is needed (CALL FOR EXPRESS MAIL FEES)

\$ _____ (6)

If ordering Personalized, Amateur Radio, or Specialty Plate add fees here

7. TOTAL AMOUNT DUE: (ADD LINES 1 THROUGH 6) \$ _____ (7)

Payment by Credit Card: 2.5% fee with a \$2.50 minimum fee Charged Amount Not to Exceed \$ _____ (USD)

Name as it appears on Credit Card: _____ Card Holder Phone #: _____

Credit Card Number: _____ 3 Digit Security Code: _____ Exp Date: ____ / ____

Payment by Check: Make payable to the Charlotte County Tax Collector in a U.S. bank check.

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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 about 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