



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOBILE HOME 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 Reinstate Retired Title **Request to print Certificate of Title:** No Yes: In office Yes: Mailed

Section 1: OWNER/APPLICANT INFORMATION				
Customer 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
FL DL/ID or FEID/Suffix Number	Owner's Mailing Address		City	State
Owner's Residential Street Address			City	State
Mobile Home Physical Street Address <input type="checkbox"/> Check if Rental Park has 10 or more lots			City	State
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)		City	State
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	
<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
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address		City	State
Co-Owner's/Lessee's Residential Street Address			City	State

Section 2: MOBILE HOME DESCRIPTION			
(More than one form HSMV 82040 may be used for VIN and Title Numbers)			
Vehicle Identification Number (VIN)		Florida Title Number	Previous State of Issue
Make/Manufacturer		Year	Body
			Length ft. in.

Section 3: 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
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 mobile home title to the owner and sign here: _____	

Section 4: TRANSFER TYPE (If applicable)	
If ownership has transferred, how and when was the mobile home 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 5: DEALER SALES TAX REPORT AND MOBILE HOME 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	



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Section 6: SALES TAX EXEMPTION CERTIFICATION (If applicable)

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

<input type="checkbox"/> Purchaser (<i>state agencies, counties, etc.</i>) holds valid exemption certificate	<input type="checkbox"/> Mobile home will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____

I hereby certify that ownership of the mobile home 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 7: REPOSESSION DECLARATION (If applicable)

I certify that this mobile home was repossessed upon default in the terms of the lien instrument and is now in my possession.
 I certify that this mobile home is vacant and does not currently have utilities turned on.

Section 8: NON-USE AND OTHER CERTIFICATIONS (If applicable)

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

I certify that the certificate of title is lost or destroyed.
 I certify that the mobile home or recreational vehicle-type unit is classified as real property and an "RP" and I have informed the property appraiser of the county wherein the mobile home or recreational vehicle-type unit is to be located of the intended site of the mobile home or recreational vehicle-type unit.
 Other: *(Explain)* _____

Section 9: 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 10: 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 mobile home 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 mobile home to:

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