

**APPLICATION FOR DUPLICATE OR LOST IN TRANSIT/REASSIGNMENT FOR A
MOTOR VEHICLE, MOBILE HOME OR VESSEL TITLE CERTIFICATE**

1 TYPE OF APPLICATION

<input type="checkbox"/> VEHICLE/VESSEL DUPLICATE (Fee Required)	<input type="checkbox"/> VEHICLE/VESSEL LOST IN TRANSIT: NOTE: No fee required if vehicle/vessel application is made within 180 days from last title issuance date and has been lost in mailing.	<input type="checkbox"/> VEHICLE/VESSEL DUPLICATE WITH TRANSFER: (Both parties must be present for this transaction) <input type="checkbox"/> OR <input type="checkbox"/> AND 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".
OWNER'S NAME (Last, First, Middle Initial)		PURCHASER'S NAME (Last, First, Middle Initial)
CO-OWNER'S NAME (Last, First, Middle Initial)		CO-PURCHASER'S NAME (Last, First, Middle Initial)
OWNER'S/DEALER'S MAILING ADDRESS		ADDRESS
CITY STATE ZIP		CITY STATE ZIP
DATE OF BIRTH DRIVER LICENSE NUMBER CO-PURCHASER'S DL NUMBER		

CAUTION: IF ADDRESS DIFFERS FROM DMV RECORDS, ADDRESS VERIFICATION MUST BE SUBMITTED

2 APPLICATION FOR DUPLICATE IS MADE BY:

<input type="checkbox"/> OWNER	<input type="checkbox"/> LIENHOLDER DATE OF LIEN _____	<input type="checkbox"/> MOTOR VEHICLE, MOBILE HOME OR RECREATIONAL VEHICLE DEALER / AUCTION (LICENSE NUMBER) _____ (DEALER/AUCTION LICENSE NUMBER DOES NOT APPLY TO VESSELS)
LIENHOLDER OR DEALER/AUCTION NAME		ADDRESS

3 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

Vehicle/Vessel Identification Number	Make/Manuf.	Year	Body	License Plate or Vessel Registration Number	Florida Title Number
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4 VEHICLE USAGE/BRANDS

<input type="checkbox"/> SHORT TERM LEASED	<input type="checkbox"/> LONG TERM LEASED	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD VEHICLE
<input type="checkbox"/> REPLICA	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> REBUILT	<input type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> MANUFACTURER'S BUY BACK

5 LIENHOLDER INFORMATION

If no lien, Print "NONE"	FEID# or DL# and Sex and Date of Birth	Date of Lien	Lienholder Name
Lienholder Address	City	State	Zip

If Lienholder authorizes the Department to send title to the owner, check box and countersign. _____
If box above is not checked, title will be mailed to the first lienholder. (DOES NOT APPLY TO VESSELS) (Signature of Lienholder's Representative)

6 APPLICATION ATTESTMENT / SIGNATURES AND ODOMETER DECLARATION/ DISCLOSURE

WARNING: Federal and state law requires that you state the mileage in connection with an application for Certificate of Title. Providing a false statement may result in fines or imprisonment.

I STATE THAT THIS MOTOR VEHICLE'S 5 DIGIT OR 6 DIGIT ODOMETER NOW READS , .xx (NO TENTHS)MILES,
DATE READ ___/___/___, AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED:

CAUTION: DO NOT CHECK I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.

IF ACTUAL MILEAGE I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. **WARNING - ODOMETER DISCREPANCY.**

Date Sold _____ Selling Price: \$ _____

I CERTIFY THAT THE MOTOR VEHICLE/VESSEL DESCRIBED ABOVE WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS / WATERWAYS OF THIS STATE AND NO FLORIDA LICENSE PLATE HAS BEEN TRANSFERRED TO OR PURCHASED FOR THIS MOTOR VEHICLE.

I am/we are the owner(s), lienholder(s), and am legally authorized to apply for and receive the Duplicate Certificate of Title. I/we further agree to indemnify the Department and defend the Certificate of Title against all actions or claims by any person.

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

IF APPLICABLE, I ATTEST TO HAVING ACQUIRED THE MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIBED ABOVE BY: PURCHASE GIFT
 INHERITANCE COURT ORDER

Signature of Purchaser: _____	Printed Name of Purchaser: _____
Signature of Co-Purchaser: _____	Printed Name of Co-Purchaser: _____
Signature of Seller/Owner/Lienholder: _____	Printed Name of Seller/Owner/Lienholder: _____
Signature of Co-Owner: _____	Printed Name of Co-Owner: _____

7 FOR FLORIDA DMV OR TAX COLLECTOR/LICENSE PLATE AGENCY USE ONLY

Duplicate authorization verification completed

PRINT NAME	SIGNATURE	DATE COMPLETED
COUNTY	AGENCY	

Instructions for Completing the Form HSMV 82101

Section 1 – Type of Application

- If the request is for a vehicle or vessel title duplicate or to replace one which was lost in transit, check the appropriate box on the left side of this section and fill-in all applicable information.

No fee is required if the vehicle/vessel application is made within 180 days from last title issuance date and has been lost in mailing. Applicant must wait 20 days from title issue date to apply for lost in transit.

However, fees will be charged for duplicates or lost in transit replacement requests made after more than 180 days from the last title issuance date.

- If you (owner or lienholder) are an individual and your address has changed from the one on the department's record, submit a copy of one of the following items showing the current address:
 - Driver license
 - Paid receipt for utility or telephone service
 - Proof of homestead exemption
 - Paid contract or turn-on order for utility service
 - Rental or lease contract agreement
 - Current year motor vehicle, mobile home or vessel certificate of registration
 - Copy of insurance policy for motor vehicle, mobile home or vessel
 - Other documentary evidence that provides independent proof of address change

If the owner or lienholder on record is a form of business other than an individual or sole business owner and the address shown is different than on Department records, a verification letter on original business letterhead must state that the person signing this application is authorized to do so and be signed by someone other than the person who signed the application.

- If the request is for a duplicate title with transfer of title to another owner, complete the right side of this section.

Note: Both parties must be present and able to produce picture identification. A power of attorney may NOT be used, except when an insurance company is involved and a total loss is being paid.

Section 2 – Application for Duplicate is made by

- Check the appropriate box and if required, provide license number, name and address.

Section 3 – Motor Vehicle, Mobile Home or Vessel Description

- Complete all applicable information.
- **License Plate or Vessel registration number** is required for a duplicate with transfer ONLY for the new purchaser (unless the box in section 6 is checked, which certifies that the vehicle/vessel will not be operated on Florida highways or waterways).

Section 4 – Vehicle Usage/Brands

- Check the appropriate box(es).

Section 5 – Lienholder Information

- Write "NONE" in the first box if there is no lienholder; otherwise, lienholder must complete all information in this section.

Section 6 – Application Attestment/Signatures and Odometer Declaration/Disclosure

- Check the box to indicate whether the motor vehicle has a five or 6-digit odometer, unless the motor vehicle is exempt from the odometer requirement.
- Enter the odometer reading from the motor vehicle, unless the motor vehicle is exempt from the odometer requirement.
- If the motor vehicle has a 5-digit (instead of a 6-digit) odometer, check the box to indicate "IN EXCESS OF ITS MECHANICAL LIMITS."
- If there is any reason to doubt that the odometer reading does not accurately reflect actual vehicle mileage, check box to indicate "IS NOT ACTUAL MILEAGE."
- If the vehicle is being sold (duplicate with transfer), enter the date and selling price.
- If the vehicle/vessel will not be operated on Florida roads/waterways and no license plate is being transferred, check box to indicate.
- Check box to Indicate type of reassignment (if duplicate with transfer transaction); purchase, gift, inheritance, or court order.
- The applicable customer(s) must print and sign their name(s) in the spaces provided.

Fees and Addresses:

Fees are located on our website (<http://www.hsmv.state.fl.us/hsmvdocs/Fees-01.pdf>).

Addresses for all Florida county tax collector's offices are located on our website at: (www.hsmv.state.fl.us/offices). Some of these county agencies offer a fast title service for an additional fee.

THIS FORM IS A COMBINATION OF FORMS HSMV 82101, 82055 AND 87009.