



MIKE FASANO

TAX COLLECTOR/PASCO COUNTY/FLORIDA
POST OFFICE BOX 276/DADE CITY, FLORIDA 33526-0276

Application for Florida Title and Registration Transfer

Upon compliance with the following, we will be pleased to process your application:

1. **Proof of Ownership:** Submit **ORIGINAL** Out of State Title or Manufacturer's Certificate of Origin with forms and fees described below. New vehicles with a Manufacturers Certificate of Origin require an odometer disclosure between the dealer and purchaser to be submitted.
2. **Form 82040 – Application for Florida Title:** Complete Sections 1 through 6. Applicant signature(s) are required in Section 12. Vehicle Identification Number Verification in Section 8 must be completed on used vehicles titled in another state. The vehicle identification number (VIN) can be verified by a police officer, any jurisdiction. Any alterations void this form.
3. **Identification:** Copy of all applicant(s) driver license must be submitted. If owner or lienholder is a business, their FEID Number is required.
4. **Proof of Insurance:** Submit proof of **Florida** insurance coverage. You may provide a copy of your insurance card OR complete insurance affidavit attached.
5. **Registration Transfer:** Submit photocopy of current registration to be transferred. Form 82050 Proof of Disposal of vehicle to which tag was previously registered must be submitted. If the vehicle has not been sold, parked or otherwise disposed of, the \$225.00 Initial Registration Fee may apply.
6. **Fees:**
Registration Fee: Registration transfer \$7.40. If the plate is being transferred to a vehicle in a different weight class or needs to be renewed or replaced, please contact our office for assistance.
State Sales Tax: State sales tax is 6%. Sales tax is calculated on the purchase price less trade-in. Pasco County has an additional 1% local option tax on the first \$5,000 for a maximum of \$50.00.
Provide copy of bill of sale if purchased from dealer. If purchased from private individual, selling price must be listed on title.
Title Fees: Current Out of State Title \$88.25 OR Manufacturers Certificate of Origin \$80.25; Record Lien (if applicable) \$2.00.
Mail Fee: Fee for metal license plate \$5.45 OR for Priority Mail \$9.90 OR for Express Mail \$27.90.

Note: All used vehicles coming into Florida from a *foreign country* required additional documentation. Please contact our office for further assistance.



APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE 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

Off-Highway Vehicle Type: All-Terrain Vehicle (ATV)

Recreational Off-Highway Vehicle (ROV)

Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number		Fleet 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	Date of Birth
FL DL/ID or FEID/Suffix Number	Owner's Mailing Address			City		State	Zip Code	
Owner's Residential Street Address				City		State	Zip Code	
Mail To Customer Name (If different from above owner)			Mail To's Phone Number (Voluntary)		Mail To's Email (Voluntary)		Sex	Date of Birth
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)			City		State	Zip Code	
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	Date of Birth
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address			City		State	Zip Code	
Co-Owner's/Lessee's Residential Street Address				City		State	Zip Code	

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN)		Florida Title Number			License Plate Number		Previous State of Issue	
Make/Manufacturer		Model	Year	Body	Color	Weight	GVW	BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other		Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric						

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

Assembled from Parts Autonomous Bonded Title Custom Electric Flood Glider Kit ILEV Kit Car
 Long Term Lease Manuf. Buy Back Police Veh. Private Use Rebuilt Replica Short Term Lease Street Rod Taxicab

Section 4: 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 motor vehicle title to the owner and sign here: _____			

Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle acquired? Inheritance Date Acquired: ____/____/____
 Sale (Price: \$ _____) Gift Repossession Court Order Other (Specify): _____

Section 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 .xx miles. Date Read: ____/____/____.
 (No tenths)
 I/we hereby certify that to the best of my/our knowledge the odometer reading:
 1. REFLECTS ACTUAL MILEAGE. 2. IS NOT THE ACTUAL MILEAGE. 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE 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	

Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION			
This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a licensed Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.			
I, the undersigned, certify that I have physically inspected the above-described vehicle:			
Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date
Select which option best represents the certifying inspector:			<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	Signature: _____
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____	
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)	
The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:	
<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the motor vehicle described on this application, is not subject to Florida Sales and Use Tax for the following reason:	
<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Transfer between a married couple <input type="checkbox"/> Other: _____ <input type="checkbox"/> Even trade or trade down _____ <i>(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)</i>	

Section 10: REPOSSESSION DECLARATION
<input type="checkbox"/> I certify that this motor vehicle 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:
<input type="checkbox"/> I certify that the certificate of title is lost or destroyed.
<input type="checkbox"/> The vehicle identified will not be operated on the streets and highways of this state until properly registered.
<input type="checkbox"/> Other: (explain) _____

Section 12: 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 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)		
The undersigned person(s) state(s) that _____ died on _____.		
<i>(Name of deceased)</i> <i>(Date)</i>		
<input type="checkbox"/> Testate (with a will) <input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below.		
<input type="checkbox"/> 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.		
<i>(More than one form HSMV 82040 may be used for additional signatures.)</i>		
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 motor vehicle 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 motor vehicle to:		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date

FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I _____ certify that I have
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability

Insurance currently in effect with _____ under
(Name of Insurance Company)

_____ covering the following motor vehicle:
(Policy Number) Company Code Number (5 digits)

_____ Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida. I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

SIGN HERE

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.

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

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

PART A - OWNER'S VEHICLE IDENTIFICATION AFFIDAVIT AND ODOMETER DECLARATION

(Completion of this part requires a physical inspection of the vehicle by the owner)

AFFIDAVIT:

DATE: _____

This is to certify that I, the undersigned, am the lawful owner of the motor vehicle described on this form and that I have, on the date entered above, made a physical inspection of the motor vehicle and have recorded the vehicle identification number and other identification information and the odometer reading and certification in the spaces provided on this form.

VEHICLE IDENTIFICATION (MOTOR NUMBER ALL MAKES THROUGH 1954 - IDENTIFICATION NUMBER 1955 AND LATER)

Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In
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ODOMETER DECLARATION

WARNING: Federal and State law require 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 and/or imprisonment.

I/WE STATE THAT THIS 5 OR 6 DIGIT ODOMETER NOW READS , .XX (NO TENTHS) MILES, DATE READ _____/_____/_____ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING:

1. reflects ACTUAL MILEAGE. 2. is IN EXCESS OF ITS MECHANICAL LIMITS. 3. is NOT THE ACTUAL MILEAGE.

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

SIGN HERE

SIGN HERE

(Owner/ Purchaser Signature)

Printed name

(Seller's Signature)

Printed name

PART B – VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER

This section requires a physical inspection under the windshield and in the door jamb to verify the vehicle identification number (VIN) for the motor vehicle described in this form. If the motor vehicle was manufactured prior to 1955, the motor number must be verified. If the verification is performed by someone other than a Notary, the VIN verification can be performed by a Florida Licensed Dealer, Law Enforcement Officer, Military Police Officer, or Florida Compliance Examiner/Inspector (Division of Motorist Services/Tax Collector employee). Complete this section on all used motor vehicles, including trailers, (with abbreviation of "TL" with a weight of 2,000 pounds or more) not currently titled in Florida.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number under the windshield and in the door jamb to be identical to the vehicle identification number recorded on this form.

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

Date: _____

(Seal)

Commissioned Name of Florida Notary: _____ Notary's Signature: _____
(Print, Type or Stamp)

If other than a Notary, check the box below that applies, and sign and complete the corresponding fields. Verified by:

- Florida Compliance Examiner/Inspector(DMS/TC Employee) Military Police Officer/Law Enforcement Officer Florida Licensed Dealer

Signature: _____ Printed Name: _____

Florida Compliance Examiner/Inspector Name: _____ Badge or ID #: _____

Law Enforcement Agency Name: _____ LEO Badge #: _____

Florida Dealer Name: _____ Florida Dealer #: _____

◆ NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT ◆

WHO IS AUTHORIZED TO COMPLETE THIS FORM?

ANY PERSON OR AUTHORIZED AGENT OF ANY PERSON REQUIRED TO MAKE APPLICATION FOR CERTIFICATE OF TITLE AND/OR REGISTRATION.

WHEN SHOULD THIS FORM BE COMPLETED?

ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS NOT CURRENTLY TITLED IN FLORIDA, WITH A NET WEIGHT OF 2,000 POUNDS OR MORE.

WHEN SHOULD THIS FORM NOT BE COMPLETED?

WHEN CERTIFICATE OF TITLE IS BEING APPLIED FOR ON ONE OF THE FOLLOWING:

1. NEW MOTOR VEHICLE, REGARDLESS OF WHETHER PURCHASED IN FLORIDA OR OUT OF-STATE
2. MOBILE HOME
3. TRAILER OR SEMITRAILER WITH A NET WEIGHT OF LESS THAN 2,000 POUNDS
4. TRAILER TYPE RECREATIONAL VEHICLE (TRAVEL TRAILERS AND CAMP TRAILERS)
5. OFF-HIGHWAY VEHICLE

Visit the following website for current mailing addresses <http://www.flhsmv.gov/offices/>

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

Notice of Sale and/or Bill of Sale for a Motor Vehicle, Mobile Home, Off-Highway Vehicle or Vessel

Notice of Sale (Seller must complete sections 1 & 3). The purchaser's signature in section 3 is optional.

Bill of Sale (Seller and purchaser must complete sections 1, 2 (when applicable) & 3).

1. Motor Vehicle, Mobile Home, Off-Highway or Vessel Description

Year	Make/Manufacturer	Body Type	Model	Color	
Certificate of Title Number		Current Title Issue Date	Vehicle/Vessel Identification Number		
I/we do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:					
Print Name(s) of Purchaser(s)					
Address		City	State	Zip Code	
Date of Sale		Selling price \$			

2. Odometer Disclosure Statement (Required For a Motor Vehicle)

Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.





WE STATE THAT THIS MOTOR VEHICLE'S 5 DIGIT OR 6 DIGIT ODOMETER NOW READS , .xx
(NO TENTHS) MILES, DATE READ ____/____/____, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:

1. REFLECTS THE ACTUAL MILEAGE. 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. 3. IS NOT THE ACTUAL MILEAGE.

Affidavit (When applicable):

3. Certification

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

Seller's Signature	Seller's Printed Name	Date
		
Seller's Address	City	State Zip Code
Co-Seller's Signature (when applicable)	Co-Seller's Printed Name (when applicable)	Date
		
Co-Seller's Address (when applicable)	City	State Zip Code
Purchaser's Signature	Purchaser's Printed Name	Date
		
Co-Purchaser's Signature (when applicable)	Co-Purchaser's Printed name (when applicable)	Date
		

*** OWNERSHIP STATUS FOR THE ABOVE DESCRIBED MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL WILL NOT CHANGE UNTIL THE PURCHASER APPLIES FOR AND IS ISSUED A CERTIFICATE OF TITLE.**

Check your local phone book government pages or visit the following website for current mailing addresses: [http:// www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

APPLICATION FOR REPLACEMENT LICENSE PLATE, VALIDATION DECAL OR PARKING PERMIT

(Instructions on Reverse Side)

1 REPLACEMENT TYPE **REPLACEMENT REASON**

Check applicable box below:

- License Plate
- Decal
- License Plate and Decal
- Disabled Person Long-Term Parking Permit
- Disabled Person Temporary Parking Permit
- HOV (High Occupancy Vehicle) Decal

Check applicable box below:

- Damaged
- Defaced
- Lost or Destroyed
- Lost-in-transit (applied for and never received)
- Voluntary (specific reason for replacement) _____
- Surrendered
- Stolen (seeback)
- Stolen/Police Report
- Seized

Please contact your Local County Tax Collector's Office or License Plate Agent for fee information.

2 OWNER / CUSTOMER IDENTIFICATION

(Owner's or Lessee's Name) (Driver License Number)

(Street Address)

(City) (State) (Zip)

3 VEHICLE / VESSEL / MOBILE HOME INFORMATION

(a) _____
(Vehicle / Hull / Mobile Home Identification Number) (Year) (Make)

(b) _____
(Previous License Plate Number) (Previous Decal Number) (Previous Parking Placard Number)

4 ATTESTMENT

I hereby certify under the penalty of perjury that the license plate, decal or permit for the vehicle, vessel, or mobile home listed in Section 3 (a), is no longer or has never been in my possession for the reason checked in Section 1. All information herein is true and correct to the best of my knowledge.

 SIGN HERE

(Owner/Applicant's Signature) (Date)

Complete the following, if applicable:

_____ was surrendered to the tax collector: _____
(License Plate, Decal, or Parking Permit Number) (County) (Agency)

(Signature of Agency Personnel) (Date)

PROCEDURES AND INSTRUCTIONS

Provision of Law:

Section 320.0607, Florida Statutes, provides for the replacement of license plates and validation decals when the original license plate or decal has been lost, stolen, defaced, damaged, destroyed or lost in transit.

Application Requirements for a Replacement License Plate, Decal or Parking Permit:

Application for a replacement license plate, validation decal or parking permit should be submitted to the local county tax collector's office or license plate agency for processing. **However, if the application is for a "special license plate" not issued in the tax collector's office or license plate agency, it must be submitted to the Division of Motorist Services, Direct Mail, MS# 72, Neil Kirkman Building, Tallahassee, FL 32399.**

1. Form HSMV 83146, Application for Replacement License Plate, Validation Decal, or Parking Permit, accurately completed, by the owner/lessee.
2. Contact your local county tax collector's office or license plate agency for fee information.
3. For Mail requests, also include copy of the Florida vehicle registration certificate.

Types of Replacement License Plates

Voluntary Replacement at time of Renewal:

An owner may, at any time during the registration period, replace a license plate, decal or parking permit. The replacement license plate fee is required in addition to the regular registration renewal fee if the registration has expired.

Damaged:

A damaged license plate is when the license plate has sustained physical damage.

Example: A boat trailer struck the license plate and dented the letters or numbers, customer has waxed or pressure-washed the letters off the license plate, etc.

Replacement fees are required.

Defaced:

A defaced license plate is when the license plate has not sustained physical damage but is unreadable for some other reason.

Example: The sun has faded the letters or numbers on the license plate.

Replacement fees are required.

Lost (not stolen) or Destroyed:

A license plate or validation decal that is being reported by the owner as lost or destroyed must be replaced. Form 83146 and fees are required.

NOTE: A lost personalized license plate may be issued with the same characters.

Lost in Transit:

License plates, decals or parking permits lost in the mail may be replaced at no fee, if the application is made within 180 days from the date of issuance.

Stolen (not lost):

A license plate or validation decal that is being reported by the owner as stolen must be replaced. Form 83146 and fees are required. If the customer provides a copy of a police report by a law enforcement officer which cites the stolen item, it will be replaced for free. A copy of the police report should be attached to form HSMV 83146.

NOTE: A personalized replacement license plate may be issued with the same characters if the law enforcement agency provides the customer with a statement that such license plate has been removed from the FCIC and NCIC computer files.

Seized:

Replacement fees are required for seized license plates.

Surrendered:

Replacement fees are required for surrendered license plates.

Visit the following website for addresses: <http://www.flhsmv.gov/offices/>



MIKE FASANO

TAX COLLECTOR/PASCO COUNTY/FLORIDA
POST OFFICE BOX 276/DADE CITY, FLORIDA 33526-0276

Return this form with your application

Date: _____

Owner Name(s): _____

Where would you like registration/receipt mailed to?

Address: _____

City/State/Zip: _____

If we have additional questions regarding your application, how may we contact you?

Phone Number: _____

Email: _____

Please mail your check payable to Mike Fasano, Tax Collector, all signed and completed forms, along with the Manufacturers Certificate of Origin or Title to our office at:

Mail Delivery:

Pasco County Tax Collector
Attn: Motor Vehicle Services
PO Box 276
Dade City, FL 33526

For Overnight Delivery:

Pasco County Tax Collector
Attn: Motor Vehicle Services
14236 6th Street Room 100
Dade City, FL 33523

If you have any questions, or need additional assistance completing the forms, please contact us by email at mvs@pascotaxes.com or by phone at 352-521-4360.