

STATE OF 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/

**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) LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> Damaged (Certificate of Title must be submitted) <input type="checkbox"/> NOTE: An indication of lost, stolen or damaged is required.			<input type="checkbox"/> VEHICLE/VESSEL LOST IN TRANSIT: NOTE: No fee required if vehicle application is made within 180 days from last title issuance date and has been lost in mailing.			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 the title when issued. If neither box is checked, the title will be issued with "and".						
OWNER'S NAME (Last, First, Middle Initial)			Owner's E-Mail Address			PURCHASER'S NAME (Last, First, Middle Initial)			Purchaser's E-Mail Address			
CO-OWNER'S NAME (Last, First, Middle Initial)			Co-Owner's E-Mail Address			CO-PURCHASER'S NAME (Last, First, Middle Initial)			Co-Purchaser's E-Mail Address			
OWNER'S MAILING ADDRESS					PURCHASER'S MAILING ADDRESS							
CITY			STATE		ZIP		CITY		STATE	ZIP		
CAUTION: IF ADDRESS DIFFERS FROM DMV RECORDS, ADDRESS VERIFICATION MUST BE SUBMITTED					DATE OF BIRTH		PURCHASER'S DL/ID #		CO-PURCHASER'S DL/ID#			
2	APPLICATION FOR DUPLICATE IS MADE BY:											
<input type="checkbox"/> Owner LIENHOLDER DATE OF LIEN		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: _____ CITY: _____ STATE: _____ ZIP: _____										
3	MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION											
Vehicle/Vessel Identification Number		Make/Manufacturer		Year	Body	Color	License Plate or Vessel Registration Number		Florida Title Number			
4	VEHICLE USAGE/BRANDS											
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI	<input type="checkbox"/> FLOOD	<input type="checkbox"/> REPLICIA	<input type="checkbox"/> KIT CAR	<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"	<input type="checkbox"/> FEID #	<input type="checkbox"/> DL# & Sex and Date of Birth	<input type="checkbox"/> DMV Account #	Date of Lien		Lienholder Name						
Lienholder E-Mail Address			Lienholder Mailing Address			City		State	Zip			
<input type="checkbox"/> If Lienholder authorizes the Department to send title to the owner, check box and countersign. <input type="checkbox"/> If this box is not checked, title will be mailed to the first lienholder. (DOES NOT APPLY TO VESSELS) _____ (Signature of Lienholders Representative)												
6	APPLICATION ATTESTMENT/SIGNATURES AND ODOMETER DECLARATION/DISCLOSURE											
WARNING: Federal and state law require 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 (WE) STATE THAT THIS <input type="checkbox"/> 5 or <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> XX (NO TENTHS) MILES, DATE READ ____/____/____, AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING: CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY												
<input type="checkbox"/> 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/WE DECLARE THAT I/WE 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: <input type="checkbox"/> PURCHASE <input type="checkbox"/> GIFT <input type="checkbox"/> INHERITANCE <input type="checkbox"/> COURT ORDER							Date Sold		Selling Price \$			
Signature of Purchaser: _____			Printed Name of Purchaser: _____									
Signature of Co-Purchaser: _____			Printed Name of Co-Purchaser's: _____									
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											
<input type="checkbox"/> Duplicate authorization verification completed	Signature			Printed Name		County	Agency #	Date Completed				

Instructions for Completing the Form HSMV 82101

Section 1 – Type of Application

- **Vehicle/vessel duplicate** – This box indicates you want to order a replacement title. **Also, check the appropriate box indicating lost, stolen or damaged. A fee is required for this type of application.**
- **Vehicle/vessel lost in transit** – This box indicates you have ordered a title and at least 20 days have passed and you have not received the title. No fee is required if the application is made within 180 days of the last title issuance which was lost in the mail. Fees are charged for duplicates or lost in transit requests after more than 180 days from the previous issuance.
- **Vehicle/vessel duplicate with transfer** – This box should be checked if you need to order a duplicate title and immediately transfer it to another owner. Both parties must be present and have photo identification. A power of attorney may not be used, except when a total loss from an insurance company is being paid.

Address Change Directions – For an individual owner or lienholder, if the address differs from the address on the department's record, one of the following must be submitted:

- 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

Section 2 – Application for Duplicate is made by: Check the appropriate box to indicate who is applying for the duplicate. Provide name, address and, if you are a dealer, provide your dealer license number.

Section 3 – Motor Vehicle, Mobile Home or Vessel Description: Complete all applicable information. The purchaser must provide a license plate or vehicle registration number if you are requesting a duplicate with transfer unless the vehicle or vessel will not be operated on Florida highways or waterways. If the vehicle or vessel will not be operated on Florida highways or waterways, the box in section 6 must be checked stating such.

Section 4 – Vehicle Usage/Brands: Check the appropriate box to indicate how the vehicle will be used. If the vehicle is your personal vehicle, private use should be checked.

Section 5 – Lienholder Information: If there is no lienholder, the word none should be indicated in the first box. If a lien is being added to the record at the time the application is submitted, all information should be completed.

Section 6 – Application Attestment/Signatures and Odometer Declarations/Disclosures: Check the box to indicate whether the vehicle has a five or six-digit odometer and enter the odometer reading from the vehicle. The vehicle is exempt from the odometer requirement if it is 10 years old or older.

- Enter the odometer reading from the motor vehicle, unless the motor vehicle is exempt from the odometer requirement. If there is any reason to doubt the odometer reading does not accurately reflect "actual" mileage, check the box to indicate "not actual mileage." If the vehicle has more than 99,999 on the odometer reading and it is a 5-digit odometer, the box "in excess of mechanical limits" must be checked.
- If a duplicate with transfer is requested, enter the date of sale and the selling price. The appropriate box indicating the type of transaction must also be checked. If the vehicle/vessel will not be operated on Florida highways or waterways, the box must be checked.
- The appropriate customer(s) must sign and print their names in the spaces provided.

Fees and Addresses:

Fees are located on our website <http://www3.flhsmv.gov/DMV/Proc/Fees/Fees-01.PDF>. Addresses for all Florida county tax collectors' offices are located on our website at: <http://www.flhsmv.gov/offices>. Some county agencies offer a fast title service for an additional fee.

The applicant must provide proof of identity (driver license, identification card, etc.) with their completed application. This includes proof of identity for any individual signing as an authorized agent for a company/business, when applicable. This condition does not apply to a Florida licensed motor vehicle, mobile home or recreational dealer, a Florida licensed motor vehicle auction, a licensed insurance company, a lienholder, a Florida vessel dealer or their authorized agent.

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

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

HSMV 82101 (Rev. 06/11) S

www.flhsmv.gov



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 the 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:

Pasco County Tax Collectors Office
Attn: Motor Vehicle Services Dept.
PO Box 276
Dade City, FL 33526

For Overnight Delivery:
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 tc_mvs@pascotaxes.com or by phone at 352-521-4360.