



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTORIST SERVICES  
Neil Kirkman Building - Tallahassee, FL 32399-0500  
**MOTOR VEHICLE TITLE REASSIGNMENT SUPPLEMENT**  
(Instructions on Reverse Side)

This reassignment is supplement to:  Title No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Manufacturer's Statement or Certificate of Origin

Is the title electronic?  Yes  No

VEHICLE DESCRIPTION				
Vehicle Identification Number	Year	Make	Model	Body
<b>REASSIGNMENT INFORMATION</b>				
Name of Seller(s)/Agent (Print)	DL/ID#, DMS ACCT#, FEID#	DEALER/AUCTION LICENSE (if applicable)		
Street Address	City	State	Zip	
Selling Price (If Applicable)	Sales Tax Collected (If Applicable)	Sales Tax Reg. No. (If Applicable)		
Purchaser and Co-Purchaser's Printed Name(s)		Date of Sale		
Purchaser's Address	City	State	Zip	
Co-Purchaser's Address (If applicable)	City	State	Zip	
Auction Name (If applicable)	Auction License Number	State of License	Date of Auction	
Street Address	City	State	Zip	

**SAMPLE**

**ODOMETER DISCLOSURE STATEMENT**  
WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. 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 HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING:

CAUTION:  
READ CAREFULLY  
BEFORE YOU  
CHECK A BOX

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

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

Printed Name of seller(s)/Agent	Seller(s)/Agent Signature
Printed Name of Co-seller (If applicable)	Co-Seller Signature (if applicable)
Purchaser(s) Signature	Co-Purchaser(s) Signature
Purchaser(s) Printed Name First, Full Middle or Maiden, Last	Co-Purchaser(s) Printed Name First, Full Middle or Maiden, Last

**NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW.**  
ORIGINAL: SUBMIT WITH APPLICATION FOR TITLE COPY: SELLER/DEALER RETAIN IN FILE  
HSMV 82994 (REV. 04/14) S

# Reassignment Supplement

## HSMV 82994

### (RAINBOW)



# Reassignment Supplement HSMV 82994 (RAINBOW)

HSMV 82994 is used to reassign a Certificate of Title and make odometer disclosures between licensed dealers or between dealers and their retail buyers, and must be used:

- With conforming Florida Certificates of Title to make additional dealer reassignments and odometer disclosures when all spaces on the reverse side of title have been used.
- With nonconforming Florida Certificates of Title to make reassignments and odometer disclosures.
- With a conforming MCO, when the MCO is not available at the time of sale.
- With all out-of-state nonconforming Certificates of Title to make dealer reassignments and odometer disclosures.

**This must be the original form HSMV 82994 on secure paper.** We cannot accept printed, copy paper versions.



# Reassignment Supplement

## HSMV 82994 (RAINBOW)

Let's look at how to complete form HSMV 82994!

1. Indicate "Title Number" and "State of Issuance" or check "Manufacturer's Statement or Certificate of Origin" box.
2. If previous title was electronic, indicate in this section.
3. Enter VIN, year, make, model and body type of vehicle in this section.

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(Instructions on Reverse Side)

This reassignment is supplement to:  Title No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Manufacturer's Statement or Certificate of Origin

Is the title electronic?  Yes  No

**3 VEHICLE DESCRIPTION**

Vehicle Identification Number	Year	Make	Model	Body



# Reassignment Supplement

HSMV 82994 (RAINBOW)

4. Selling dealer must indicate the name of the Dealership, Dealership License Number and Dealership Address in this section.
5. Indicate Selling Price (if applicable), amount of Sales Tax Collected (if applicable) and Sales Tax Registration Number (if applicable).
6. Indicate Purchaser Name, Purchaser Address and Date of Sale in this section.

REASSIGNMENT INFORMATION			
Name of Seller(s)/Agent (Print)	DL/ID#, DMS ACCT#, FEID#	DEALER/AUCTION LICENSE (if applicable)	
Street Address	City	State	Zip
Selling Price (If Applicable)	Sales Tax Collected (If Applicable)	Sales Tax Reg. No. (If Applicable)	
Purchaser and Co-Purchaser's Printed Name(s)			Date of Sale
Purchaser's Address	City	State	Zip



# Reassignment Supplement

HSMV 82994 (RAINBOW)

7. Indicate Odometer Reading, Odometer Date Read and Odometer Status in this section.

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7

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

CAUTION:  
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8. Seller would sign and print their name in this section.

9. Purchaser would sign and print their name in this section.

Printed Name of seller(s)/Agent	Seller(s)/Agent Signature
Printed Name of Co-seller (If applicable)	Co-Seller Signature (If applicable)
Purchaser(s) Signature	Co-Purchaser(s) Signature
Purchaser(s) Printed Name First, Full Middle or Maiden, Last	Co-Purchaser(s) Printed Name First, Full Middle or Maiden, Last

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ORIGINAL: SUBMIT WITH APPLICATION FOR TITLE  
COPY: SELLER/DEALER RETAIN IN FILE

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