



Mike Moran
TAX COLLECTOR
Sarasota County, Florida

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VESSEL TITLE PACKET CHECKLIST & INSTRUCTIONS

Name _____

Florida Phone # _____ Out-of-State Phone # _____

In order to obtain a Florida title, please complete and send the following:

1. **APPLICATION FOR CERTIFICATE OF TITLE WITH / WITHOUT REGISTRATION** - HSMV 82040, attached
 - A. Type or print in black ink - no erasures or alterations will be accepted
 - B. Complete sections 1 through 5 on the attached application
 - C. Section 12 **must** be signed by all applicants
2. **VALID PROOF OF IDENTIFICATION** ★ - Submit a copy of ONE of the following:
 - INDIVIDUALS: State-issued driver's license, state-issued I.D. card, Canadian or U.S. Territory issued driver's license or identification card, or passport (all documentation **must** have a photo)
 - BUSINESSES: FEID documents, fictitious name documents, or corporation papers filed with a state
3. **OWNERSHIP** - Copies **cannot** be accepted
 - NEW VESSELS: Manufacturer's Statement/Certificate of Origin from all states
 - USED VESSELS: Certificate of Title if registered in another state; if from a non-titling state or foreign country, registration or other official document showing ownership must be submitted
4. **BILL OF SALE OR COPY OF DEALER INVOICE** - Not required on vessels that have been titled or registered in the owner's name for longer than 6 months
5. **PAYMENT** - See Line 7 on the Fee Chart and Worksheet for total amount due. Payment can be made by check or money order made payable to Sarasota County Tax Collector Mike Moran. Credit and debit cards are also accepted; complete the authorization form under Line 7.

★ U.S. drivers' licenses or ID cards marked "Not For Federal Identification" cannot be accepted.

FEE CHART AND WORKSHEET FOR APPLICATION FOR FLORIDA TITLE

Vessel registration fees are computed based on the length of the vessel. The 12-month registration period for vessels begins the first day of the owner's birth month. Company-owned vessels use the month of June. To determine the number of months required (the maximum is 27 months), start with the month the vessel is being registered in Florida and count through the month PRIOR to the owner's birth month. Example: You are registering your vessel in November and your birth month is June; November through May is 7 months. New vessel purchases, start with month of the purchase date.

VESSEL LENGTH	1 TO 12 MONTHS	13 TO 15 MONTHS	16 TO 24 MONTHS	25 TO 27 MONTHS
CANOES	\$14.50	\$22.75	\$28.00	\$41.50
1' TO 11' 11"	\$14.50	\$22.75	\$28.00	\$41.50
12' TO 15' 11"	\$30.63	\$55.01	\$60.26	\$89.89
16' TO 25' 11"	\$49.38	\$92.51	\$97.76	\$146.14
26' TO 39' 11"	\$123.63	\$241.01	\$246.26	\$368.89
10' TO 64' 11"	\$197.88	\$389.51	\$394.76	\$591.64
65' TO 109' 11"	\$235.38	\$464.51	\$469.76	\$704.14
110' TO 200'	\$290.88	\$575.51	\$580.76	\$870.64

1. **Vessel Registration Fee:** \$ _____ (1)
From the amounts listed on the rate chart above

2. **Title Fee:** (CHOOSE ONLY ONE) \$ _____ (2)
 New vessel with Manufacturer's Statement/Certificate of Origin ----- \$ 5.75
 Vessel currently titled in another state ----- \$ 9.75
 Vessel currently titled in Florida issuing registration ----- \$ 5.75
 Vessel currently titled in Florida **not** issuing registration ----- \$ 9.00

3. **Late Fee:** \$ _____ (3)
If completed application not received in our office within 30 days from purchase date- \$ 5.00

4. **Sales Tax:** \$ _____ (4)
 Not applicable if the vessel has been owned for more than six (6) months and sales tax was paid.
 A. Purchase Price (refer to Taxable Items page) \$ _____ A
 B. Trade In \$ _____ B
 C. Taxable Value (A - B) \$ _____ C
 D. County Sales Tax (1% of taxable value) **not to exceed \$50** \$ _____ D
 E. State Sales Tax (6% of taxable value) \$ _____ E
 F. Less Sales Tax paid in another state (attach proof) \$ _____ F
 G. **Total Florida Sales Tax (D + E - F) - Enter on Line 4**

5. **Lien Fee:** \$ _____ (5)
If there is a lien on the vessel, include the lien fee for the new title ----- \$ 1.00

6. **Title Options:** (CHOOSE ONLY ONE) \$ _____ (6)
 Electronic Title - Paper title is **not** issued, no additional fee ----- \$ 0.00
 Paper Title - Paper title is mailed in approximately 20 days ----- \$ 2.50
 Fast Title - Paper title is mailed immediately (not available with lien) ----- \$ 5.00

7. **TOTAL AMOUNT DUE: (ADD LINES 1 THROUGH 6)** \$ _____ (7)

PAYMENT AUTHORIZATION FORM

The processing company charges 2.35% fee, minimum \$1.50, for credit and \$1.50 for debit.

Customer Name _____

Cardholder Name _____ OR ☐ Check if same as customer name

Daytime Phone _____ Amount Authorized to Charge: Not to Exceed \$ _____ (U.S. Dollars)

Credit Card Type: ☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA

Credit Card Number _____ - _____ - _____ - _____ Expiration Date _____ - _____

Note: When work is completed, if amount needed is greater, we will contact you before making any change.

Signature of Card Holder _____



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Please submit this form to your local tax collector office or license plate agency.

<http://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

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: VESSEL DESCRIPTION

Hull (Vessel) Identification Number (HIN)		<input type="checkbox"/> HIN is needed (Vessel does not have a HIN)	Florida Title Number		FL/DO Number		Renewal of Number <input type="checkbox"/> YES <input type="checkbox"/> NO		State of Principal Use	
Make/Manufacturer		Model	Year	Weight	Length ft. in.		Draft of Vessel (The depth of water a vessel draws.) For all vessels 26' or more in length and all sailboats. ft. in.			
<input type="checkbox"/> I certify the vessel listed above has previously been branded as a damaged hull. <input type="checkbox"/> I certify the vessel hull is damaged.							State of brand assignment (If known)			
<input type="checkbox"/> I certify the vessel listed above has previously been branded as: Specify: _____										
Vessel Type			Hull Material		Propulsion Type		Engine Drive Type		Fuel	
<input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Pontoon			<input type="checkbox"/> Rubber/Vinyl/Canvas		<input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual		<input type="checkbox"/> Inboard		<input type="checkbox"/> Electric	
<input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat			<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel		<input type="checkbox"/> Propeller <input type="checkbox"/> Sail		<input type="checkbox"/> Outboard		<input type="checkbox"/> Diesel	
<input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Paddle Craft <input type="checkbox"/> Sailboat			<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood		<input type="checkbox"/> Water Jet		<input type="checkbox"/> Pod Drive		<input type="checkbox"/> Gas	
<input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft			<input type="checkbox"/> Plastic		<input type="checkbox"/> Other: _____ (Specify)		<input type="checkbox"/> Sterndrive		<input type="checkbox"/> Other: _____ (Specify)	
<input type="checkbox"/> Other: _____ (Specify)			<input type="checkbox"/> Other: _____ (Specify)				<input type="checkbox"/> Other: _____ (Specify)		<input type="checkbox"/> Other: _____ (Specify)	
Primary Operation										
<input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Charter Fishing <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Exempt <input type="checkbox"/> Recreational Rent or Lease										
<input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Passenger Carrying <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Government <input type="checkbox"/> Commercial Other: _____										
<input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Hire (Livery)										
<input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Dealer/Manuf. Demonstration <input type="checkbox"/> Recreational (Pleasure) _____ (Specify)										

Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION

If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known)			
<input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-state . <input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-country .			
Previous State of Issue		Previous Registration Number	
Previous State of Issue		Previous Registration Number	

Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

<input type="checkbox"/> I certify the vessel listed above is not currently a documented vessel or foreign-documented vessel. (If selected, one of the documents listed below is required.)	
<input type="checkbox"/> U.S. Coast Guard Release Documentation Form is attached	<input type="checkbox"/> Copy of Canceled Documentation Papers/Record is attached



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Section 5: 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 vessel title to the owner and sign here: _____		

Section 6: SECURITY INTEREST						
<input type="checkbox"/> I certify that the vessel listed above has security interests. (More than one form HSMV 82040 may be used for additional secured parties.)						
Secured Party's Name		Secured Party's Mailing Address		City	State	Zip Code

Section 7: TRANSFER TYPE (If applicable)				
If ownership has transferred, how and when was the vessel acquired? <input type="checkbox"/> Inheritance				Date Acquired:
<input type="checkbox"/> Sale (Price: \$ _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____				_____/_____/_____

Section 8: DEALER SALES TAX REPORT AND VESSEL 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)		Vessel Identification Number of Trade In		

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)	
I certify the recreational vessel 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"/> Vessel will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the vessel 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 _____ (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)	

Section 10: REPOSSESSION DECLARATION
<input type="checkbox"/> I certify that this vessel 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 vessel identified will not be operated on the waters of this state until properly registered.
<input type="checkbox"/> Other: (explain) _____

Section 12: APPLICATION ATTESTMENT AND SIGNATURES		
I/We physically inspected the HIN. (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 _____. (Name of deceased) (Date)		
<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. (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 vessel 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 vessel to:		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date