

EscambiaTaxCollector.com

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Miscellaneous Forms

Form 83146

This form is completed and remitted to the Tax Collector's office when your customer needs to replace stolen or lost decals (regular or real property).

1 We need to know what we're

replacing.

For a mobile home, the only applicable option is Decal

We need to know why we're

replacing it. *(check the applicable box)* Was it damaged, defaced, lost?

2 Owner/Applicant Identification The customer's information goes in this section

3 Vehicle Information

Enter the mobile home information in this section. Be sure to include the decal number since that's what we're replacing.

4 Attestment

This section is a little confusing, but all you need to worry about here is the **customer's signature and** date.

	STATE OF FL	ORIDA							
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - MOTORIST SERVICES									
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE									
www.finsuv.gov/offices/									
APPLICATION FOR REPLACEMENT LICENSE PLATE, VALIDATION DECAL									
OR PARKING PERMIT (Instructions on Reverse Side)									
1 REPLACEMENT TYPE			REASON						
Check applicable box below:		Check applicable box below:							
License Plate		Damaged		Surrendered/Seized					
Decal		Defaced		Stolen					
License Plate and Decal		Lost							
Disabled Person Long-Term Parking Permit		Lost-in-transit (applied for and never received)							
Disabled Person Temporary Parking Permit		Voluntary (specific reason for replacement)							
HOV (High Occupancy Vehicle) Decal	Collectorie Off	i I i DI		fa a lin fa mu atlan					
Please contact your Local County Tax Collector's Office or License Plate Agency for fee information. 2 OWNER / APPLICANT IDENTIFICATION									
2 OWNER	APPLICAN	TIDENTIFICA	IION						
(Owner's Name)	(Own	(Owner's Sex, For company, show "C" for sex)		(Date of Birth Or Month of Expiration)					
	, er serigenig								
(Street Address)									
(City)	(State)		(Zip)						
(Lessee's Name)		(Lessee's Sex,		(Date of Birth					
(20000001(2000)	For company	, show "C" for sex)		Or Month of Expiration)					
(Street Address)									
(City)	(State)		(Zip)						
		_	(Zip)						
1st Owner D/L Number		er D/L Number		1					
(a)	EHICLE INF	ORMATION							
(a)									
Vehicle Identification Number)	(Year) (Mal	(Color)	(Type)	(Title Number)					
(b)									
(Previous License Plate Number) (Pr	revious Decal Nur	nber)	(Previous Pa	rking Placard Number)					
4	ATTEST	MENT							
	(CHECK WHEN A								
	OV Decal	Parking Per		d stolen to the:					
Police D	epartment Of	R 📃 Sheriff's 🤇	Office						
her by certify under the penalty of perjury that the									
longer or has never been in my possession for the r best of my knowledge.	eason checked	in Section 1. All in	formation hereir	n is true and correct to the					
best of my knowledge.									
(Owner/Applicant's Signature)				(Date)					
Complete the following, if applicable:				(earo)					
	currendered t	o tho tay colleg	tor						
(License Plate, Decal, or Parking Permit Number)	surrenuered l	o the tax collec	(County)	(Agency)					
· · · · · · · · · · · · · · · · · · ·			(-)	(
-	(Sia	nature of Agency Pe	rsonnel)	(Date)					
HSMV 83146 (Rev. 09/15) S	www.flhsm			(====)					

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Form 82053

This form is used to sign documents on your customer's behalf. We must have either the original or a certified copy. Photocopies will not be accepted. In most situations, you will be the Power of Attorney and your customer will be the grantor. This state form is considered a limited power of attorney, meaning it can only be used for a specific vehicle, vessel or mobile home and it no longer requires notarization.

1 Date and Full Legibly Printed Name is required

The full name of the person being appointed POA goes in this area. If your customer is appointing you, your full name should go here, not the dealership's name.

2 Check One Is the POA for a Motor Vehicle Mobile Home Vessel		STATE OF HIGHWAY SAFETY AND MOTOR IT THIS FORM YOUR LC <u>www.fibrarw.</u> EY FOR A MOTOR VI	VEHICLES - DIVISION OF OCAL TAX COLLECTO gov/offices/	R OFFICE			
3 Complete all of the sections here including: Year Make Body Type (VS) Title Number VIN	(Date) I/We hereby name and appoint lawful attomey-in-fact, to act for or record a lien to the motor vel name, in my/our behalf. My att instrument and to bind me/us ir and signing the same. With full power of substitution a lawfully do or cause to be done	, (Full Legibly r me/us, in applying for an origin hicle, mobile home or vessel de formey-in-fact can also do all thi n as sufficient a manner as I/we and revocation, I/we hereby ratio in the virtue hereof.	Printed Name is Require nal or duplicate certificate scribed below, and to pri ngs necessary to the app myself/ourselves could of fy and confirm whatever n	d) : of title, to r nt my/our r lication or a lo, were l/w	, to be my/our register, transfer title, hame and sign their any other related we personally present		
4 Grantor's information (most of the time the grantor will 3 be your customer) This section requires that the grantor provide Their Signature Address	CHECK ONE: Motor Vehicle Mobile Home Vessel Year Make/Manufacturer Body Type Title Number Vehicle/Vessel Identification Number NOTICE TO OWNER(S): COMPLETE THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING. UNDER PENALTIES OF PERJURY, I/WE DECLARE THAT I/WE HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.						
DL number 4 Date of Birth	(Signature of Owner "Grantor") (Driver License, identification Card or (Owner's Address) (Signature of Co-Owner "Grant (Driver License, identification Card or	(Cit	(Legibly Printed Name (Date of Birth fo) (Legibly Printed Name of Co- (Date of Birth fo	r Owner, if app State) Owner "Grant	(ZIp) (ZIp) or," If applicable)		
	(a) the title is physically (b) the title is lost. NOTE: A licensed dealer and I	ney form may be used when an solosure statement as the buyen ntty (such as a dealership) to a y be accomplished only with th y being held by the lienholder; or his/her employees are consider k government pages or visit <u>SI</u>					

Correction Affidavit

A dealer may submit a correction affidavit to correct common errors on title work. These affidavits must be submitted on the letterhead of the dealership and must contain the perjury clause.

Letterhead affidavits should contain:

1 Year, Make and VIN

2 Description of the Error Made

Examples: Mary Doe and Mary Smith are one and the same person. Examples: Seller's dealer agent signed on the purchaser's line in error.

3 Affiant's Signature

Sign, date, print **and put affiant's** DL/ID Card # here.

5. Perjury Clause

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