



# SCOTT LUNSFORD

## TAX COLLECTOR

ESCAMBIA COUNTY, FLORIDA

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## Form 82101

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This form is used when a title has been:

- Lost
- Damaged/Destroyed
- Never received

**Titles that have never been received are called “Lost in Transit”. There is no fee to replace these if they are applied for within 180 days of the last issuance. In order for a title to be considered Lost in Transit, it must have been mailed from the DMV in Tallahassee. If it is mailed from your dealership to your customer, it is not considered Lost in Transit and full fees apply.**

Please refer to TL-12 of the Please refer to TL-69 of the Motor Vehicle Procedures Manual for more information on duplicate titles.

## Section 1 Type of Application

- 1 Vehicle/Vessel Duplicate Vehicle/Vessel Lost in Transit (*check the appropriate box*)
- Lost
  - Stolen
  - Damaged
  - Lost in Transit

2 Owner's Name  
Place first listed owner's name here.

3 Co-Owner's Name  
Place co-owner's name here.

\*\*\*\*\*If there is joint ownership ALL names must appear in this section even if they are joined by "OR"\*\*\*\*\*

4 Owner's Mailing Address  
Put the owner's mailing address here. This *should be* what is on their driver license. If your customer states they've had an address change, please provide proof.

5 Vehicle/Vessel Duplicate With Transfer  
As a dealer, you will not use this section. This is for counter transactions only.

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/](http://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 checked="" type="checkbox"/> <b>VEHICLE/VESSEL DUPLICATE:</b> (Fee Required) LOST <input checked="" 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"/> <b>VEHICLE/VESSEL LOST IN TRANSIT:</b> NOTE: No fee required if vehicle application is made within 180 days from last title issuance date and has been lost in mailing.		<input type="checkbox"/> <b>VEHICLE/VESSEL DUPLICATE WITH TRANSFER:</b> (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
2 OWNER, FIRST LISTED		CO-OWNER'S NAME (Last, First, Middle Initial)		CO-PURCHASER'S NAME (Last, First, Middle Initial)		Co-Purchaser's E-Mail Address
3 OWNER, SECOND LISTED		OWNER'S MAILING ADDRESS				
4 13025 STARKEY RD		PURCHASER'S MAILING ADDRESS				
CITY LARGO		STATE FL	ZIP 33773	CITY		STATE
		DATE OF BIRTH		PURCHASER'S DL/ID #		CO-PURCHASER'S DL/ID #
<b>CAUTION: IF ADDRESS DIFFERS FROM DMV RECORDS, ADDRESS VERIFICATION MUST BE SUBMITTED</b>						

## Section 2 Application for Duplicate is Made By

Owner, Lienholder, Motor Vehicle, Mobile Home or Recreational Vehicle Dealer  
 If the dealership is obtaining a duplicate title on behalf of the customer, the third box for Motor Vehicle/ Mobile Home/Recreational Vehicle Dealer/Auction should be completed.

6 Dealer/Auction License Number  
 Put your license number here.

7 Lienholder or Dealer/Auction Name  
 Print the name of the Dealership here.

8 Address  
 Print the address of the Dealership here.

<b>2</b>	<b>APPLICATION FOR DUPLICATE IS MADE BY:</b>		
<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: MH12345 <b>6</b> LIENHOLDER OR DEALER/AUCTION NAME: FLORIDA MOBILE HOME DEALER <b>7</b> <b>8</b> ADDRESS: 314 S MISSOURI AVE CITY: CLEARWATER STATE: FL ZIP: 33771	

### Section 3 Motor Vehicle, Mobile Home or Vessel Description

9 Vehicle/Vessel Identification Number

Put the VIN or the HIN in this area.

10 Make/Manufacturer

Put the make or the manufacturer in this area.

11 Year

The year of the vehicle, vessel, or mobile home goes here.

12 Body

The body of the vehicle goes in this box. Since this application is for a mobile home, put HS here.

13 Florida Title Number

We can only duplicate Florida titles. The Florida title number goes in this area.

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
PUT 17 DIGIT VIN HERE <b>9</b>	JACO <b>10</b>	2011 <b>11</b>	HS <b>12</b>			123456789 <b>13</b>

### Section 4 Vehicle Usage/Brands

14 Vehicle Usage/Brands (check the appropriate box/boxes)

14 VEHICLE USAGE/BRANDS						
<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> POLICE VEHICLE	<input checked="" type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI	<input type="checkbox"/> FLOOD	
<input type="checkbox"/> REPLICA	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> REBUILT	<input type="checkbox"/> ASSEMBLED FROM PARTS		<input type="checkbox"/> MANUFACTURER'S BUY BACK	

## Section 5 Lienholder Information

### 15 If No Lien, Print "NONE"

If there is no lien on the vehicle/vessel/mobile home, put the word "none" here.

\*\*\*\*\* If there is a lien, only the lienholder can apply for a duplicate title\*\*\*\*\*

### 16 Lienholder information

This form allows you to add a lien and apply for a duplicate at the same time.

This is not a common occurrence.

5 LIENHOLDER INFORMATION					
If no lien, Print "None" NONE <b>15</b>	<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 <b>16</b>		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)					

## Section 6 Application Attestment/Signatures and Odometer

### 17 Odometer Declaration/Disclosure and Transfer of Ownership

Since mobile homes have no odometers there is no need to complete anything in this area. You cannot use this form for transfer of ownership. These areas are a designated for walk-in customers only.

### 18 Signature and Printed Name of Seller/Owner/Lienholder

Either the Seller, Owner or Lienholder signs here. If you are doing this on behalf of your customer, they still need to sign this form.

### 19 Signature and Printed Name of Co-Owner

The co-owner signs and prints their name here. If the title is in two names joined by "or", both printed names need to appear, but we only need one signature. If the title is in two names joined by "and", we need both signatures.

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:					
<b>CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX</b>					
<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 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.					
<b>UNDER PENALTIES OF PERJURY, I/WE DECLARE THAT I/WE HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.</b>					
IF APPLICABLE, I APPEAL 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
Signature of Purchaser: _____		Printed Name of Purchaser: _____			
Signature of Co-Purchaser: _____		Printed Name of Co-Purchaser's: _____			
Signature of Seller/Owner/Lienholder: <i>First L. Owner</i> <b>18</b>		Printed Name of Seller/ Owner/Lienholder: <u>FIRST LISTED OWNER</u>			
Signature of Co-Owner: <i>Second L. Owner</i> <b>19</b>		Printed Name of Co-Owner: <u>SECOND LISTED OWNER</u>			
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

## Fast Title Service

If you would like your title printed that day (Fast Title), please indicate that in the upper right hand corner of form 82101. Simply write the words, "Fast Title" and highlight it, so it catches our eye.

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE <a href="http://www.flhsmv.gov/offices/">www.flhsmv.gov/offices/</a> APPLICATION FOR DUPLICATE OR LOST IN TRANSIT/REASSIGNMENT FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL TITLE CERTIFICATE		
<b>Fast Title</b>		
<b>1</b> <b>TYPE OF APPLICATION</b>		
<input type="checkbox"/> <b>VEHICLE/VESSEL DUPLICATE:</b> (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"/> <b>VEHICLE/VESSEL LOST IN TRANSIT:</b>  NOTE: No fee required if vehicle application is made within 180 days from last title issuance date and has been lost in mailing.	<b>VEHICLE/VESSEL DUPLICATE WITH TRANSFER:</b> (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".

## Fast Title Authorization

If you would like a fast title, you will also need permission from the owner to pick up the title. You have 3 options to obtain this permission:

Fast Title Authorization Form- UDS 309

A Power of Attorney- HSMV 82053

Provide a letter on dealer letterhead stating who is allowed to pick up fast titles on behalf of the dealership. This letter will stay on file at the office you submit it to. If you do business with more than one office, a separate letter will be needed for each location.