



SCOTT LUNSFORD

TAX COLLECTOR

ESCAMBIA COUNTY, FLORIDA

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Application for Duplicate Title Form 82101

Form 82101- Application for Duplicate Title

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.

STATE OF FLORIDA
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
 DIVISION OF MOTORIST SERVICES
 SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.fhsmv.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) 1 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. | | | <input type="checkbox"/> 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 2 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 5 | | | | | | |
| CITY | | | STATE | | ZIP | | CITY | | STATE ZIP | | |
| CAUTION: IF ADDRESS DIFFERS FROM DMV RECORDS, ADDRESS VERIFICATION MUST BE SUBMITTED | | | | | | DATE OF BIRTH | | PURCHASER'S DLID# | | CO-PURCHASER'S DLID# | |
| 2 APPLICATION FOR DUPLICATE IS MADE BY: | | | | | | | | | | | |
| <input type="checkbox"/> LIENHOLDER DATE OF LIEN _____ Owner | | MOTOR VEHICLE MOBILE HOME OR RECREATIONAL VEHICLE DEALER/ AUCTION LICENSE NUMBER (DEALER/AUCTION LICENSE NUMBER DOES NOT APPLY TO VESSELS: 6 LIENHOLDER OR DEALER/AUCTION NAME: 7 ADDRESS _____ CITY _____ STATE _____ ZIP _____ | | | | | | | | | |
| 3 MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION | | | | | | | | | | | |
| Vehicle/Vessel Identification Number 9 | | | Make/Manufacturer 10 | | Year 11 | Body 12 | Color 13 | License Plate or Vessel Registration Number 14 | | Florida Title Number 15 | |
| 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"/> TAXI | <input type="checkbox"/> FLOOD | <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"/> TAXI | <input type="checkbox"/> FLOOD | <input type="checkbox"/> TAXI | <input type="checkbox"/> FLOOD | <input type="checkbox"/> TAXI | <input type="checkbox"/> FLOOD | | |
| 5 LIENHOLDER INFORMATION | | | | | | | | | | | |
| If None, Print "None" 17 | <input type="checkbox"/> FBI# | <input type="checkbox"/> DUF & Sex and Date of Birth | <input type="checkbox"/> DMV Account # | Date of Lien 18 | Lienholder Name | Date of Lien | Lienholder Name | 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 Lienholder's 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 _____, _____, _____ XX (NO TENTHS) MILES, DATE READ 21 / ____ / ____ 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"/> 23 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 25 | | Selling Price \$ 26 | | | |
| Signature of Purchaser: 27 | | | Signature of Co-Purchaser: 28 | | | Printed Name of Purchaser: 29 | | Printed Name of Co-Purchasers: 30 | | | |
| Signature of Seller/Owner/Lienholder: _____ | | | Signature of Co-Owner: _____ | | | Printed Name of Seller/Owner/Lienholder: _____ | | 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 | | |

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www.fhsmv.gov

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* when BOTH parties are present.

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.

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.

13 Color

The color of the vehicle goes here. If it's an application for a duplicate vessel or mobile home, this box is not applicable. Please enter basic colors such as Red, Black, Blue, etc. not the manufacturer's color name such as Raven, Serengeti Sand, etc.

14 License Plate or Vessel Registration Number

Enter the license plate number for a vehicle and the FL number for a vessel.

15 Florida Title Number

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

Section 4 Vehicle Usage/Brands

16 Vehicle Usage/Brands *(check the appropriate box/boxes)*

Section 5 Lienholder Information

17 **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*******

18 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.

Section 6 Application Attestment/Signatures and Odometer

19 5 or 6 Digit Odometer *(check the appropriate box)*

Is it a 5 or 6 digit odometer? Remember, most of the digital odometers are 6 digits.

20 Odometer Reading

A current odometer reading is required for all duplicate applications with the exception of repossession. (An application for duplicate title by the lienholder)

21 Date the Odometer is Read

Insert the date of the odometer reading.

22 Odometer Attestment *(check the appropriate box)*

Is the odometer reading

Actual

In Excess

Not Actual

23 I Certify That The Motor Vehicle/Vessel Will Not Be Operated On

The Streets.....

If the dealership is applying for a duplicate title on behalf of their customer, this box will not need to be completed. This area is for walk-in customers only.

24 I Attest to Having Acquired The Motor Vehicle, Mobile Home or Vessel By

If the dealership is applying for a duplicate title on behalf of their customer, this box will not need to be completed. This area is for walk-in customers only.

25 Date Sold

If the dealership is applying for a duplicate title on behalf of their customer, this box will not need to be completed. This area is for walk-in customers only.

26 Selling Price

If the dealership is applying for a duplicate title on behalf of their customer, this box will not need to be completed. This area is for walk-in customers only.

27 Signature of Purchaser

If the dealership is applying for a duplicate title on behalf of their customer, this box will not need to be completed. This area is for walk-in customers only.

28 Signature of Co-Purchaser

If the dealership is applying for a duplicate title on behalf of their customer, this box will not need to be completed. This area is for walk-in customers only.

29 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.

30 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.

Fast Title Service

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

**Fast
title**

| TYPE OF APPLICATION | | |
|---|---|---|
| <input type="checkbox"/> VEHICLE/VESSEL DUPLICATE: (Fee Required) | <input type="checkbox"/> VEHICLE/VESSEL LOST IN TRANSIT: NOTE: No fee required if vehicle application is made within 150 days from last title issuance date and has been lost in mailing. | <input type="checkbox"/> 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". |
| LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> | | |

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.

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.