



SCOTT LUNSFORD

TAX COLLECTOR

ESCAMBIA COUNTY, FLORIDA

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Miscellaneous Forms

Image 26 - Form 82053- Power of Attorney

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/

POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL

11-21-13 (Date) ← 1

I/We hereby name and appoint, CHARLES BROWN, to be my/our
(Full Legibly Printed Name Is Required)

lawful attorney-in-fact, to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

2 CHECK ONE: Motor Vehicle Mobile Home Vessel

Year	Make/Manufacturer	Body Type	Title Number
2013	SEAFOX	VS	12345678
Vehicle/Vessel Identification Number			
2013CABINBOAT			

3

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.

Peppermint Patty (Signature of Owner "Grantor")
PEPPERMINT PATTY (Legibly Printed Name of Owner "Grantor")

P1234567891011 (Driver License, Identification Card or FEID Number for Owner)
01/01/50 (Date of Birth for Owner, if applicable)

13025 STARKEY ROAD (City) LARGO (City) FL 33773 (State) (Zip)

(Signature of Co-Owner "Grantor," if applicable) (Legibly Printed Name of Co-Owner "Grantor," if applicable)

(Driver License, Identification Card or FEID Number for Co-Owner) (Date of Birth for Co-Owner, if applicable)

(Co-Owner's Address) (City) (State) (Zip)

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the buyer only or the seller only. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

(a) the title is physically being held by the lienholder, or
(b) the title is lost.

NOTE: A licensed dealer and his/her employees are considered a single entity.

Check your local phone book government pages or visit the following website for current mailing addresses:
<http://www.fhsmv.gov/offices/>

HSMV 82053 (Rev. 12/11) 8 www.fhsmv.org

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. It lists a specific vessel, so it can only be used in transactions pertaining to the specific vessel listed. Completion of this form allows the appointee (usually a dealer representative in the case of vessels) to sign the title, to apply for title, to apply for a duplicate title or to add a lien. This form cannot be used by Motor Vehicle Dealerships when an odometer disclosure is involved. In those cases a Secure Power of Attorney must be used (82995).

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

3 Enter the Year, Make, Body Type, Title Number and HIN of the Vessel

Complete all the sections here including:

Year
Make
Body Type (HS)
Title Number
VIN

4 **Grantor's information** (most of the time the grantor will be your customer)

This section requires that the grantor provide
Their Signature
Address
DL number
Date of Birth

Image 27- Form 82091- Reassignment Supplement

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
 Neil Kirkman Building, 2900 Apalachee Parkway, Tallahassee, FL 32399-0620

REASSIGNMENT SUPPLEMENT TO A CERTIFICATE OF TITLE

NOTICE: (A) THIS FORM IS A SUPPLEMENT FORM WHICH MAY BE USED BY LICENSED MOTOR VEHICLE/VESSEL DEALERS UPON DEALER TRANSFERS. THIS FORM IS TO BE USED ONLY FOR ODOMETER EXEMPT VEHICLES. TO BE USED IN ORDER FROM TOP TO BOTTOM. (B) INDIVIDUALS OR NON-LICENSED DEALERS CANNOT USE THIS FORM OR REASSIGN A CERTIFICATE OF TITLE. (C) EACH REASSIGNMENT SHALL BE IN SUCCESSIVE ORDER AND IS NOT VALID UNTIL COMPLETED IN FULL. (D) ANY ALTERATION OR ERASURE VOIDS THE ASSIGNMENT. (E) SECTION 319.33, FLORIDA STATUTES, PROVIDES: ANY PERSON IS GUILTY OF A FELONY WHO ALTERS OR FORGES ANY ASSIGNMENT OF CERTIFICATE OF TITLE OR RETAINS FOR USE SUCH ASSIGNMENT THAT HAS BEEN ALTERED OR FORGED, ON A CERTIFICATE OF TITLE OR ON A FORM THE DEPARTMENT PRESCRIBES. (F) THE NAME OF DEALER MUST BE LISTED AS IT APPEARS ON DEALER LICENSE. (G) SALES TAX AMOUNT AND SALES TAX NUMBER DO NOT NEED TO BE COMPLETED ON DEALER TO DEALER SALES. (H) AUCTION MUST COMPLETE A REASSIGNMENT AS A LICENSED DEALER.

REASSIGNMENT SUPPLEMENT TO: (CHECK ONE AND PROVIDE TITLE NUMBER)

FLORIDA CERTIFICATE OF TITLE NUMBER _____
 (FOREIGN STATE) CERTIFICATE OF TITLE NUMBER _____

MANUFACTURER'S STATEMENT OF ORIGIN OR CERTIFICATE OF ORIGIN
 IDENTIFICATION NUMBER 2010MAGICTILTTRAILER MAKE MAGI TYPE TL YEAR 2010
 TRAILER WEIGHT 350

REASSIGNMENT OF TITLE BY A LICENSED MOTOR VEHICLE DEALER: (COMPLETE IN FULL)
 FOR VALUE RECEIVED, I, THE UNDERSIGNED LICENSED DEALER, HEREBY ASSIGN AND WARRANT TITLE OF THE MOTOR VEHICLE DESCRIBED IN THE CERTIFICATE OF TITLE NAMED ABOVE AND CERTIFY THIS SALE AS SPECIFIED BELOW.

PURCHASER(S) CHARLES BROWN **4** 01/01/01 B0001112223344
 Date of Birth Driver License #
13025 STARKEY RD LARGO, FL 33771
 PURCHASER'S RESIDENCE ADDRESS

CO-PURCHASER(S) _____ Date of Birth _____ Driver License # _____
 CO-PURCHASER'S RESIDENCE ADDRESS _____

DEALER LICENSE # _____ **STATE DEALER IS LICENSED** _____ **ODOMETER READING** _____ **DATE RPOD** _____

I CERTIFY THAT THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, UPON MOTOR VEHICLES HAS BEEN PAID BY THE PURCHASER ON THE ABOVE DESCRIBED VEHICLE.
 AMOUNT OF SALES TAX COLLECTED \$150.00 **5** FLORIDA SALES TAX REGISTRATION NO. _____ SALES TAX ID **6**
 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

VESSEL DEALER **7** 13025 STARKEY RD **8** Vessel Dealer Representative
 NAME OF DEALERSHIP SIGNATURE OF DEALER OR AUTHORIZED REPRESENTATIVE
13025 STARKEY RD Signature 01/01/10
 ADDRESS OF DEALERSHIP DATE

REASSIGNMENT OF TITLE BY A LICENSED MOTOR VEHICLE DEALER: (COMPLETE IN FULL)
 FOR VALUE RECEIVED, I, THE UNDERSIGNED LICENSED DEALER, HEREBY ASSIGN AND WARRANT TITLE OF THE MOTOR VEHICLE DESCRIBED IN THE CERTIFICATE OF TITLE NAMED ABOVE AND CERTIFY THIS SALE AS SPECIFIED BELOW.

PURCHASER(S) _____ Date of Birth _____ Driver License # _____
 PURCHASER'S RESIDENCE ADDRESS _____

CO-PURCHASER(S) _____ Date of Birth _____ Driver License # _____
 CO-PURCHASER'S RESIDENCE ADDRESS _____

DEALER LICENSE # _____ **STATE DEALER IS LICENSED** _____ **ODOMETER READING** _____ **DATE RPOD** _____

I CERTIFY THAT THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, UPON MOTOR VEHICLES HAS BEEN PAID BY THE PURCHASER ON THE ABOVE DESCRIBED VEHICLE.
 AMOUNT OF SALES TAX COLLECTED _____ FLORIDA SALES TAX REGISTRATION NO. _____
 UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

NAME OF DEALERSHIP _____ **SIGNATURE OF DEALER OR AUTHORIZED REPRESENTATIVE** _____
 ADDRESS OF DEALERSHIP _____ DATE _____

THIS FORM IS NOT VALID UNLESS ATTACHED TO THE TITLE THAT IT SUPPLEMENTS (ORIGINAL ONLY). COPIES ARE NOT ACCEPTABLE.
 NOTE: A PENALTY FEE IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF DELIVERY BY DEALER TO RETAIL CUSTOMER.
 HSMV 82091 (Rev. 8/05) www.flhsmv.gov

This form can be used to reassign ownership on a trailer weighing under 200 lbs. Either a Bill of Sale, the MCO or a copy of the MCO should accompany this form.

- 1 Reassignment Supplement to:
 - Florida Certificate of Title
 - Foreign Proof of Ownership
 - Manufacturer's Statement or Certificate of Origin (MCO/MSO)**

Check the appropriate box (usually it will be the MCO box)

- 2 Trailer Information

- Make
- Type
- Year
- Weight

- 3 Identification Number

- 4 Reassignment by a Licensed Dealer

Purchaser information goes in this area and should include:

- Name
- Address
- Date of birth
- DL number

- 5 Amount of Sales Tax Collected

Enter the amount of sales tax you collected on the trailer

- 6 Florida Sales Tax Registration No.

Enter your sales tax registration number

- 7 Dealership Information

- Dealership name
- Dealership address

- 8 Dealer Representative Signature

A representative from the dealership signs and dates here

Image 28 - Form 87015- Duplicate Registration, Replacement Decal, Change of Classification

www.flhsmv.gov/forms

APPLICATION FOR VESSEL DUPLICATE REGISTRATION, REPLACEMENT DECAL AND CHANGE OF CLASSIFICATION
(SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE)

(1) TYPE OF REQUEST
DATE 11-21-13 TELEPHONE # 727-555-5555
I (We) hereby make application for the following:
 Duplicate Certificate of Registration Replacement Decal Change of Vessel Classification

(2) VESSEL INFORMATION
Make of Vessel SEAFOX Hull Identification Number DUPLICATEREGI
Model Year 2013 Title # 12345678 Reg. # FL1234FL
Date of Current Registration 06/30/13 Previous Decal Issued _____ Decal Expires 06/30/2014

(3) CERTIFICATION
A. The current original certificate of registration to the above described vessel was: Lost Defaced
 Damaged Never Received
B. The original decal to the above vessel was: Lost Stolen Defaced
 Damaged Never Received
C. I (We) hereby request that the use of my (our) vessel registered as FL/DO _____ be changed from:
 Commercial to Recreational Craft Recreational Craft to Commercial*

*Please circle one of the following to indicate the intended commercial use of the vessel:
Blue Crab (BC) Charter (CC) Fish (CF) Live Bait (LB) Mackerel (CM) Other (OT) Oyster (OY)
Shrimp (SH - Reciprocal, SN - Non-Reciprocal) Spiny Lobster (CL) Sponge (SP) Stone Crab (SC)
NOTE: See Item 3 & 4 under "Instructions to Apply for a Change of Class" on the reverse side of this form for non-resident/alien commercial licensing requirements.

CHARLES BROWN
(NAME OF OWNER) _____ (NAME OF CO-OWNER) _____
B0001112223344 (OWNER DL NUMBER) 06/30/1965 (DATE OF BIRTH)
13025 STARKEY RD (ADDRESS)
LARGO FL 33773 (CITY) (STATE) (ZIP)

(CITY) (STATE) (ZIP)

(4) ATTESTMENT
(CHECK WHEN APPLICABLE)
 Decal was reported stolen to the: Police Department or Sheriff's Office

I hereby certify under the penalty of perjury that the decal for the vessel listed in Section 2, is no longer or has never been in my possession for the reason checked in Section 3. All information herein is true and correct to the best of my knowledge.

Charles Brown (Owner/Co-Owner's Signature) 11-21-13 (Date)

Complete the following, if applicable:
_____ was surrendered to the tax collector: _____
(Decal) (County) (Agency)

(Signature of Agency Personnel) (Date)

HSMV 87015 (Rev. 07/11) 5 www.flhsmv.gov

This form is another one of our multi-**purpose forms**. **It's used to replace a registration**, replace a decal, or to change the registration use of a vessel.

1 Section 1 -Date, Telephone #, Type of Request

Enter Date, Telephone number and check the box that is appropriate.

2 Section 2 -Vessel Information

Include Make, HIN, Year, Title number and FL number

3 Section 3 - Certification

What are you replacing and why?

Place a checkmark in the appropriate areas

4 Section 4 - Owner Information

Complete with owner's name and address

5 Section 5 - Attestment

The customer signs and dates here

Image 29 - Form 87244- Application to Register Non-Titled Vessels

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 TO REGISTER NON-TITLED VESSELS

Out-of-State vessel registration **OR** **AND**
 Dealer vessel registration
 Documented vessel registration
 Government vessel
 Amphibious vessel registration

1

Note: When joint ownership, please indicate if "or" or "and" is to be shown. If neither is checked, it will be issued with "and."

Owner's Name CHARLES BROWN	Owner's Email Address CBROWN@FAKEEMAIL.COM	Date of Birth 6/30/1950	Sex M	Florida DL or FEID/Suffix Number B1112223334455
Co-Owner's Name SALLY BROWN	Co-Owner's Email Address SBROWN@FAKEEMAIL.COM	Date of Birth 6/30/1952	Sex F	Florida DL or FEID/Suffix Number B2223334445566
Owner's Mailing Address 13025 STARKEY RD		City LARGO	State FL	Zip 33773
Owner's Street Address in Florida (Mandatory) 13025 STARKEY RD		City LARGO	State FL	Zip 33773

2

FL NUMBER _____ DOCUMENTED NUMBER **DO123456**

OUT-OF-STATE NUMBER _____

3

Manufacturer's Name	Model Year	Hull Length	Hull Identification Number
Hull Material	Propulsion	Fuel	Use
<input type="checkbox"/> Wood	<input type="checkbox"/> Outboard	<input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Recreational (Pleasure)
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Inboard	<input type="checkbox"/> Diesel	<input type="checkbox"/> Dealer/Manufacturer
<input type="checkbox"/> Steel	<input type="checkbox"/> Sail	<input type="checkbox"/> Electric	<input type="checkbox"/> Commercial Fish
<input checked="" type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> Inboard/Outboard	<input type="checkbox"/> Other	<input type="checkbox"/> Commercial Shrimp Reciprocal
<input type="checkbox"/> Wood/Fiberglass	<input type="checkbox"/> Air Propelled		<input type="checkbox"/> Commercial Shrimp Non-Recip.
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		<input type="checkbox"/> Commercial Oyster
Vessel Type			
<input type="checkbox"/> Airboat			<input type="checkbox"/> Commercial Sponge
<input type="checkbox"/> Sailboat			<input type="checkbox"/> Commercial Charter
<input type="checkbox"/> Aux. Sailboat			<input type="checkbox"/> Commercial Stone Crab
<input checked="" type="checkbox"/> Cabin Motorboat			<input type="checkbox"/> Commercial Spiny Lobster
<input type="checkbox"/> Canoe			<input type="checkbox"/> Commercial Live Bait
<input type="checkbox"/> Houseboat			<input type="checkbox"/> Commercial Mackerel
<input type="checkbox"/> Inflatable			<input type="checkbox"/> Hire (Livery)
<input type="checkbox"/> Open Motorboat			<input type="checkbox"/> Commercial Blue Crab
<input type="checkbox"/> Pontoon			<input type="checkbox"/> Commercial Other _____
<input type="checkbox"/> Personal Watercraft			<input type="checkbox"/> Government
<input type="checkbox"/> Other _____			

4

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

Charles Brown **11/21/13** **Sally Brown** **11/21/13**
 Signature of Applicant (Owner) Date Signature of Applicant (Co-Owner) Date

5

NOTICE: When this application is received by a state agency, the information contained herein becomes a public record subject to inspection under the provisions of Chapter 119, Florida Statutes.

Check your local phone book government section or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>

This form is used for the registration of Documented Vessels. Documented vessels are a registration only, so no FL title is issued. Documentation is applied for through the US Coast Guard. The vessel must meet specifications in order to qualify for documentation. Proof of documentation must be provided by the Coast Guard in order to issue DO numbers. Assuming that proof is provided, you will submit that along with the 87244 in order to transfer ownership.

1 Type of Request

Which type of non-titled vessel is this for?

If there is co-ownership be sure to indicate which conjunction your customers would like

2 Purchaser Information

Ownership information goes in this section including name, address, DL number and date of birth.

3 Vessel Information

The Documented Number (DO number) and vessel information go in this are including: Make, Year, Length and HIN

4 Vessel Details

Indicate the Hull Material, Propulsion, Fuel, Vessel Type and Use of the vessel

5 Applicant Signatures

All owner's signatures go in this section.

Common Errors for Vessel Transactions

- Title assigned directly from the seller to the buyer, without dealer reassignment. (This would be correct for a brokered sale.)
- Former owner failed to complete the certificate of transfer assigning the vessel to the dealer, but Dealer Reassignment on back of title was completed for retail sale. (break in chain of ownership)
- Any document signed by Power Of Attorney, but the P.O.A. or certified copy of the P.O.A. was not submitted with the application.
- Titled owner is deceased, and person trying to sell vessel is not a surviving spouse or court **appointed Personal Representative of the estate. Don't forget to include supporting documentation with these transactions.**
- Florida physical address was not provided on the HSMV 82040.
- Documents and/or Forms are not complete, are illegible, or improperly completed.
- Dealer failed to review statutes available in the DMV Procedures Manual.
- Title submitted was not the most recent issued.
- Dealer did not submit completed title for a trailer over 2,000 lbs., or is missing form HSMV 82040 to the new buyer.
- **Dealer's check is made out in advance, and remittance is for incorrect amount:**

Effect: Delays processing work pending receipt of balance of payment at Tax Collector's Office, or requires issuance of refund check to dealer. (If over)

Solution: Provide Tax Collector's Office with a blank check. A technician will provide a Batch Receipt for all work processed. The batch receipt itemizes transactions including a list of each individual transaction with the amount and the total amount collected with check number.