

# Charlotte County Tax Collector

Vickie L. Potts



Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_ Email (optional): \_\_\_\_\_

\*\*\*All documents that are signed must be Original or emailed with an acceptable computer-generated signature, no copies.\*\*\*  
No cross outs, white out, or write overs will be accepted on any form.

- Requested **Original** Certificate of Title from Lienholder/Lease Company (contacted our office by phone or in person) -OR-
  - Original** Manufacturer's Statement of Origin -OR-  **Out of State** or **Florida** Certificate of Title
- Application for Certificate of Title With/Without Registration (Form 82040 MV). **Complete all applicable areas and all owners/lessees must sign section 12.**
- Copy of **all** applicants' current driver license or valid passport.
- Proof of **Florida** Insurance, must include 5 digit Florida code (Card, policy, or Florida Insurance Affidavit (form 83330))
- VIN verification is required on all out-of-state vehicles. Bring the vehicle to our office or any law enforcement officer, Military Police officer, Florida notary, or Florida licensed dealer can perform this verification on section 8 of Application for Certificate of Title (Form 82040 MV) or VIN and Odometer Verification (Form 82042).
- If newly purchased or titled for less than 6 months: Copy of the bill of sale, dealer invoice, or equivalent with proof of purchase price and sales tax paid (if applicable) OR copy of Registration dated over 6 months.
- If NEW with MSO: Odometer disclosure (form 82993) completed by both transferors and transferees.
- If LEASE vehicle: Copy of the lease agreement, Power of Attorney from the titled owner(lease company) appointing the registrant(s) as their attorney-in-fact, and the Florida Sales Tax Registration Number.

**License Plate:** 1.  Transfer Plate # \_\_\_\_\_ :  Have plate **OR**  Need plate (surrendered/destroyed)  
2.  New License Plate (\$225 initial fee may apply; see form 82002 or contact us for exemptions)

**Plate Options:** 1.  Standard:  Charlotte  Sunshine State  State Motto (In God We Trust)  
2.  Specialty: \_\_\_\_\_  
3.  Personalized: Complete form 83043  
4.  Military: Complete form 83034

**Registration Period:** Expires midnight of 1<sup>st</sup> owner's birthday (not prorated)  1 Year  2 Year  2 Year+(25-27mths)

**Fee:** \$ \_\_\_\_\_ This consists of sales tax, title, initial fee, license plate, registration, mail, and late (if applicable) fees.

Payment by Credit Card: 2.5% fee with a \$2.50 minimum Charged Amount Not to Exceed \$ \_\_\_\_\_ (USD)  
Name as it appears on Credit Card: \_\_\_\_\_ Card Holder Phone #: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Payment by Check: Make payable to the Charlotte County Tax Collector in a U.S. bank check.

Payment by Phone: Will call for credit card (2.5%) or e-check (no fee), must pay by 4pm on processing day.

Additional Info: \_\_\_\_\_

**Return using our Drop Boxes at any of our four locations or via Mail to the address below:**

## CHARLOTTE COUNTY TAX COLLECTOR

Processing & Imaging Department, Attn: Cherie  
18500 Murdock Circle | Port Charlotte, FL 33948

Phone: 941.743.1350 | Fax: 941.623.1089 | Email: taxpi@charlottecountyfl.gov



# Charlotte County Tax Collector Fee Chart & Worksheet

**\*FOR LEASE VEHICLES, TRUCKS >5000lbs, and other body types not listed –**

Visit <https://www.flhsmv.gov/pdf/forms/83140.pdf> or Call for fees 941-743-1350\*

CAR	PICKUP TRUCK	1-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.		
Thru 2499 lbs	Thru 1999 lbs	\$28.10	\$42.60	\$47.40	\$56.20	\$70.70	\$75.50		
2500-3499 lbs	2000-3000 lbs	\$36.10	\$58.60	\$63.40	\$72.20	\$94.70	\$99.50		
3500 & Up lbs	3001-5000 lbs	\$46.10	\$78.60	\$83.40	\$92.20	\$124.70	\$129.50		
MOTORHOME		1-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.		
Thru 4499 lbs		\$39.10	\$66.10	\$69.40	\$78.20	\$105.20	\$108.50		
4500 & Up lbs		\$59.35	\$106.60	\$109.90	\$118.70	\$169.95	\$169.25		
MOTORCYCLE		1-6 Mo.	7-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.	
		\$19.60	\$24.60	\$27.10	\$32.90	\$49.20	\$51.70	\$57.50	
TRAVEL TRAILER		1-3 Mo.	4-6 Mo.	7-12 Mo.	13 Mo.	14-15 Mo.	16-24 Mo.	25 Mo.	26-27 Mo.
Up to 35 feet			\$39.10	\$66.10	\$69.40	\$78.20	\$105.20	\$108.50	
35 feet & Up	\$18.35	\$24.60	\$37.10	\$43.35	\$46.65	\$74.20	\$80.45	\$83.75	

**1. Registration Fee:**

From the amounts listed on the rate chart above -OR-

If you are transferring a current Florida registration:

Autos/Trucks under 5000 pounds \$4.60; or

Motorhomes/Motorcycles/Travel Trailers \$9.10; or

Trucks >5000lbs CALL FOR FEES

\$ \_\_\_\_\_ (1)

**2. License Plate Fee(s):**

Add \$28.00 if a new metal license plate is to be issued

Add \$225.00 if not transferring a Florida plate (MAY BE EXEMPT, CALL FOR DETAILS)

\$ \_\_\_\_\_ (2)

**3. Title Fee:**

Vehicle Title Fee \$75.75 -OR- Lease Title Fee \$57.25 (ALL Trucks \$75.75, Off Highway \$38.25)

Add \$10.00 if previously registered in another state

Add \$2.00 if there is a lien on the vehicle (MAKING PAYMENTS)

\$ \_\_\_\_\_ (3)

**4. Title Options:**

Electronic Title – A paper title is NOT issued (no additional fee) or

Paper Title – A paper title is mailed in approximately 20 day (NOT AVAILABLE W/LIEN) add \$ 2.50

\$ \_\_\_\_\_ (4)

Fast Title – A paper title is mailed immediately (NOT AVAILABLE W/LIEN & FAST TITLE RELEASE REQ'D) add \$ 10.00

**5. Late Fee:**

If completed application not received in our office within 30 days from purchase date add \$ 20.00

\$ \_\_\_\_\_ (5)

**6. Sales Tax:** Not applicable if the vehicle has been owned for more than six (6) months and sales tax was paid.

A. Purchase Price \$ \_\_\_\_\_ 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 6** \$ \_\_\_\_\_ (6)

**7. Additional Fee(s):**

If returning by mail: Add \$.90 OR \$5.45 if metal plate is needed (CALL FOR EXPRESS MAIL FEES)

\$ \_\_\_\_\_ (7)

If ordering Personalized, Amateur Radio, or Specialty Plate add fees here

**7. TOTAL AMOUNT DUE: (ADD LINES 1 THROUGH 7)** \$ \_\_\_\_\_ (8)

**Payment by Credit Card:** 2.5% fee with a \$2.50 minimum fee Charged Amount Not to Exceed \$ \_\_\_\_\_ (USD)

Name as it appears on Credit Card: \_\_\_\_\_ Card Holder Phone #: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

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**CHARLOTTE COUNTY TAX COLLECTOR**

Processing & Imaging Department, Attn: Cherie

18500 Murdock Circle | Port Charlotte, FL 33948

Phone: 941.743.1350 | Fax: 941.623.1089 | Email: [taxpi@charlottecountyfl.gov](mailto:taxpi@charlottecountyfl.gov)



APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

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

https://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

Off-Highway Vehicle Type: All-Terrain Vehicle (ATV) Recreational Off-Highway Vehicle (ROV) Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Form section for owner details including Customer Number, Fleet Number, Unit Number, Owner's County of Residence, Owner's Name, Phone Number, Email, Sex, Date of Birth, and Mailing Address.

Section 2: MOTOR VEHICLE DESCRIPTION

Form section for vehicle description including VIN, Florida Title Number, License Plate Number, Previous State of Issue, Make/Manufacturer, Model, Year, Body, Color, Weight, GVW, BHP/CC, and Fuel Type.

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

Form section for brands and usage including Assembled from Parts, Autonomous, Bonded Title, Custom, Electric, Flood, Glider Kit, ILEV, Kit Car, Long Term Lease, Manuf. Buy Back, Police Veh., Private Use, Rebuilt, Replica, Short Term Lease, Street Rod, and Taxicab.

Section 4: LIENHOLDER INFORMATION (If applicable)

Form section for lienholder information including ELT Customer, FEID/Suffix #, DMV Account #, DL/ID #, Sex and DOB, Lienholder's Phone Number, Lienholder's Email, Date of Lien, Lienholder's Mailing Address, City, State, Zip Code, and a checkbox for mailing to the first lienholder.

Section 5: TRANSFER TYPE (If applicable)

Form section for transfer type including ownership transfer methods like Inheritance, Sale, Gift, Repossession, Court Order, and Other, along with Date Acquired.

Section 6: ODOMETER DECLARATION

Form section for odometer declaration including a warning about false statements, a statement of current odometer reading, and certification options (Reflects Actual Mileage, Not Actual Mileage, or In Excess of Mechanical Limits).



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE 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)	Vehicle Identification Number (VIN) of Trade In	

Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION			
This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a licensed Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. <b>Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.</b>			
<b>I, the undersigned, certify that I have physically inspected the above-described vehicle:</b>			
Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date
Select which option best represents the certifying inspector:			<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	Signature: _____
<input type="checkbox"/> Florida Dealer	Dealer Name: _____	Dealer Number: _____	
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	

Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)	
<b>The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:</b>	
<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the motor vehicle 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 _____ <i>(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)</i>	

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

Section 12: APPLICATION ATTESTMENT AND SIGNATURES		
<b>I/We physically inspected the VIN.</b> (More than one form HSMV 82040 may be used for additional signatures.)		
<b>Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</b>		
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 _____.		
<i>(Name of deceased)</i> <span style="float: right;"><i>(Date)</i></span>		
<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.		
<b>Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.</b> (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
<b>That at the time of death the decedent was owner of the motor vehicle 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 motor vehicle to:</b>		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date

## FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I \_\_\_\_\_ certify that I have  
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required, Bodily Injury Liability

Insurance currently in effect with \_\_\_\_\_ under  
(Name of Insurance Company)

\_\_\_\_\_ covering the following motor vehicle:  
(Policy Number) Company Code Number (5 digits)

\_\_\_\_\_ Year Make Vehicle Identification Number

This insurance company is licensed to issue insurance policies in Florida. I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

\_\_\_\_\_  
Signature of Insured

**WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.**

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**INITIAL REGISTRATION FEE EXEMPTION AFFIDAVIT**  
 Please submit this form to your local tax collector office or license plate  
 agency. [www.flhsmv.gov/locations/](http://www.flhsmv.gov/locations/)

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY	PREV. STATE	TITLE NO.

**The customer must complete and sign this form to claim the exemption**

**The customer claims exemption from the \$ 225 Initial Registration Fee, which is imposed on the initial application for registration on a motor vehicle, and attests to one of the following:**

I am a qualifying member of the U.S. Armed Forces, or his or her spouse or dependent child. **I am claiming exemption # \_\_\_\_\_ (see list on the reverse side of this form in section A, 1-6, which also lists the required documents).** Select exemption reason of "military."

A Court Order declares/specifies the **customer** is the legal owner of the above-described motor vehicle. Select exemption reason of "court order." (A copy of the court order must be submitted.)

A license plate is being transferred (for a name change) due to a fictitious name change affidavit or corporate name change affidavit properly filed with the Department of State, pursuant to section 865.09, Florida Statutes. Select exemption reason of "administrative." (A copy of the name change affidavit from the Department of State must be submitted.)

A transfer of ownership on a Florida Certificate of Title has occurred due to operation of law as provided by section 319.28, Florida Statutes. Select exemption reason of "operation of law." (A copy of the documentation which validates how the vehicle was acquired must be submitted.)

A transfer of ownership on a Florida Certificate of Title has occurred from a person to a member of that person's immediate family as defined in 657.002, Florida Statutes, who resides in the same household. Select exemption reason of "immediate family." **(The address of the previous owner and new owner must be the same in FRVIS).**

A prior registration or system printout has been submitted for the following license plate number ( \_\_\_\_\_ ), to claim the initial registration exemption for the recently acquired above described vehicle. Select exemption reason of "prior registration."

**THE EXEMPTION REASON MUST BE SELECTED IN FRVIS TO RECORD EXEMPTION.**

**Under penalties of perjury, I declare I have read the foregoing document and the facts stated in it are true.**

\_\_\_\_\_

**Signature of Owner****Printed Name of Owner****Date**

**FOR FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES (FLHSMV), TAX COLLECTOR OR LICENSE PLATE AGENT EMPLOYEE USE ONLY**

The exemption (checked above) has been verified by County \_\_\_\_\_ Agency \_\_\_\_\_

\_\_\_\_\_

**Signature of Employee****Printed Name of Employee****Date**



**A. LIST OF QUALIFYING MILITARY EXEMPTIONS:**

1. I am a member of the U.S. Armed Forces (includes Navy, Army, Marines, Coast Guard, Space Force, and Air Force), or his or her spouse or dependent child, who is not a Florida resident and is stationed in the state of Florida on military orders. Submit a copy of your military orders and out of state driver license.
2. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who is/was not a Florida resident and is stationed in the state of Florida on military orders and is now becoming a resident of Florida. Submit a copy of your military orders and Florida driver license.

**The prior non-resident member or his/her spouse or dependent child would qualify for this exemption even if the vehicle were not previously registered in Florida as a "Registration Only." Some members retain an out of state license plate for their vehicle from their state of residence while stationed in Florida.**

3. I am a former member of the U.S. Armed Forces, or his or her spouse or dependent child. I purchased this motor vehicle while stationed outside Florida. I was not dishonorably discharged nor discharged for bad conduct. I was a resident of Florida at the time of enlistment and discharge and continue to be a resident of Florida. I am applying for registration within 6 months after discharge. Submit a copy of your Discharge Order (DD214) and Florida driver license.
4. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida. I have been reassigned by military orders to this state. Submit a copy of your military orders and Florida driver license.
5. I am a member of the U.S. Armed Forces, or his or her spouse or dependent child, who was a resident of Florida at the time of enlistment and continue to be a resident of Florida. I purchased a motor vehicle while stationed outside of Florida and continue to be stationed outside of Florida. Submit a copy of your military orders and Florida driver license.
6. I am a resident of Florida and a spouse or dependent child of a member of the U.S. Armed Forces, who lost his/her life (submit proof of military death notification) or is listed as "Missing in Action" (MIA) (submit proof of MIA status).

**The member of the U.S. Armed Forces must have been a resident of Florida at the time of enlistment. Registration must occur within one (1) year of notification of death or MIA status.**

**B. THIS FORM SHOULD NOT BE USED WHEN:**

1. The U.S. Armed Forces member is not a resident of Florida **AND** is not assigned by military orders to the state of Florida.
2. The U.S. Armed Forces member is dishonorably discharged or discharged for bad conduct.
3. You are a member of a uniformed service, but not the U.S. Armed Forces.

Visit the following website for current mailing addresses: <https://www.flhsmv.gov/locations/>

[www.flhsmv.gov](http://www.flhsmv.gov)