

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 MH). **Complete all applicable areas and all owners/lessees must sign section 12.**
- ☐ Copy of **all** applicants' current driver license or valid passport, or:
☐ If owned by trust: Certification of Trust OR first page, trustee and successor trustee page(s), signature page.
☐ If owned by business: Proof of FEID, FL Division of Corporations record, or county or city business license/tax.
- ☐ 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 LEASE: 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.

Registration Period: Expires midnight December 31st (*roughly prorated*) ☐ 1 Year ☐ 6 Months ☐ 3 Months

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

MOBILE HOME LENGTH (PER SIDE)	Annual	6 Months	3 Months
Up to 35	\$25.60	\$15.60	\$10.60
36 thru 40	\$30.60	\$18.10	\$11.85
41 thru 45	\$35.60	\$20.60	\$13.10
46 thru 50	\$40.60	\$23.10	\$14.35
51 thru 55	\$45.60	\$25.60	\$15.60
56 thru 60	\$50.60	\$28.10	\$16.85
61 thru 65	\$55.60	\$30.60	\$18.10
66 & Up	\$85.60	\$45.60	\$25.60

ALL Real Property-

Transfer Decal \$4.60

Original/Replacement Decal \$5.10

1. Registration Fee:

From the amounts listed on the rate chart above.

If more than one side make sure to add all fees together, ie. double/triple wide.

\$ _____ (1)

2. Title Fee:

Mobile Home Title Fee per side \$75.75

Add \$10.00 if previously registered in another state perside

Add \$2.00 if there is a lien on the mobile home per side (MAKING PAYMENTS)

\$ _____ (2)

3. 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 per side

Fast Title – A paper title is mailed immediately add \$ 10.00 per side

\$ _____ (3)

(NOT AVAILABLE W/LIEN & FAST TITLE RELEASE REQ'D)

4. Late Fee:

If completed application not received in our office within 30 days from purchase date

add \$ 20.00 per side

\$ _____ (4)

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

A. Purchase Price \$ _____ A

B. Trade In or Itemized attachments \$ _____ 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) **Call for price if NEW mobile \$ _____ E

F. Less Sales Tax paid in another state (attach proof) \$ _____ F

G. **Total Florida Sales Tax (D + E - F) - Enter on Line 5**

\$ _____ (5)

6. Additional Fee(s):

If returning by mail: Add \$.95 per side (CALL FOR EXPRESS MAIL FEES)

\$ _____ (6)

7. TOTAL AMOUNT DUE: (ADD LINES 1 THROUGH 6)

\$ _____ (7)

☐ **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: ____/____

☐ **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.

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



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOBILE HOME 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 ☐ Reinstate Retired Title Request to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: Mailed

Section 1: OWNER/APPLICANT INFORMATION

Customer Number		Unit Number		Owner's County of Residence	
Owner Details:		Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")		Select, if applicable: <input type="checkbox"/> Tenancy by the Entirety		<input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> With Rights of Survivorship	
Owner's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Owner's Phone Number (Voluntary)		Owner's Email (Voluntary)	
FL DL/ID or FEID/Suffix Number		Owner's Mailing Address		City	
Owner's Residential Street Address		City		State	
Mobile Home Physical Street Address		<input type="checkbox"/> Check if Rental Park has 10 or more lots		City	
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)		Mail To's Email (Voluntary)	
FL DL/ID or FEID/Suffix Number		Mail To's Address (If different from above mailing address)		City	
Co-Owner Details:		Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's Phone Number (Voluntary)		Co-Owner's Email (Voluntary)	
FL DL/ID or FEID/Suffix Number		Co-Owner's/Lessee's Mailing Address		City	
Co-Owner's/Lessee's Residential Street Address		City		State	

Section 2: MOBILE HOME DESCRIPTION

(More than one form HSMV 82040 may be used for VIN and Title Numbers)					
Vehicle Identification Number (VIN)		Florida Title Number		Previous State of Issue	
Make/Manufacturer		Year		Body	
				Length ft. in.	

Section 3: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB		Lienholder's Phone Number (Voluntary)	
Date of Lien		Lienholder's Mailing Address		City	
Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.)		<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the mobile home title to the owner and sign here: _____		Lienholder's Email (Voluntary)	

Section 4: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the mobile home acquired? <input type="checkbox"/> Inheritance		Date Acquired: _____	
<input type="checkbox"/> Sale (Price: \$ _____ - _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____		_____/_____/_____	

Section 5: DEALER SALES TAX REPORT AND MOBILE HOME TRADE IN INFORMATION (If applicable)

Florida Sales Tax Registration Number		Dealer License Number		Date of Sale	
Year of Trade In		Make of Trade In		Amount of Tax	
Title Number of Trade In (If known)		Vehicle Identification Number (VIN) of Trade In		Dealer/Agent Signature	



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

APPLICATION FOR CERTIFICATE OF MOBILE HOME TITLE

Section 6: SALES TAX EXEMPTION CERTIFICATION *(If applicable)***I certify the mobile home described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:**☐ Purchaser *(state agencies, counties, etc.)* holds valid exemption certificate☐ Mobile home will be used exclusively for rental.

Consumer's Certificate of Exemption Number: _____

Sales Tax Registration Number: _____

I hereby certify that ownership of the mobile home described on this application, is not subject to Florida Sales and Use Tax for the following reason:

☐ Inheritance ☐ Gift ☐ Divorce Decree ☐ Transfer between a married couple ☐ Other: _____☐ Even trade or trade down _____*(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)***Section 7: REPOSSESSION DECLARATION** *(If applicable)*☐ I certify that this mobile home was repossessed upon default in the terms of the lien instrument and is now in my possession.☐ I certify that this mobile home is vacant and does not currently have utilities turned on.**Section 8: NON-USE AND OTHER CERTIFICATIONS** *(If applicable)*

If checked, the following certifications are made by the applicant:

☐ I certify that the certificate of title is lost or destroyed.☐ I certify that the mobile home or recreational vehicle-type unit is classified as real property and an "RP" and I have informed the property appraiser of the county wherein the mobile home or recreational vehicle-type unit is to be located of the intended site of the mobile home or recreational vehicle-type unit.☐ Other: *(Explain)* _____**Section 9: APPLICATION ATTESTMENT AND SIGNATURES****I/We physically inspected the VIN.** *(More than one form HSMV 82040 may be used for additional signatures.)***Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.**

Full Name of Applicant, Owner	Signature of Applicant, Owner	Date
Full Name of Applicant, Co-Owner	Signature of Applicant, Co-Owner	Date

Section 10: RELEASE OF SPOUSE OR HEIRS INTEREST *(If applicable)*The undersigned person(s) state(s) that _____ died on _____.
(Name of deceased) *(Date)*☐ Testate (with a will) ☐ Intestate (without a will) and left the surviving heir(s) named below.☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.**Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.***(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

That at the time of death the decedent was owner of the mobile home 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 mobile home to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date