

# 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 (contacted our office by phone or in person) -OR-  
☐ **Original** Manufacturer's Statement of Origin -OR- ☐ **Out of State** or **Florida** Certificate of Title -OR-  
☐ **Original** USCG Release from Documentation
- ☐ Application for Certificate of Title With/Without Registration (Form 82040 VS). **Complete all applicable areas and all owners/lessees must sign section 12.**
- ☐ Copy of **all** applicants' current driver license or valid passport.
- ☐ If the HIN is not 12 properly formatted characters as shown below provide a pencil tracing of the HIN or contact FWC for inspection.

## HULL IDENTIFICATION NUMBER FORMATS

CURRENT FORMAT  
August 1, 1984

<b>BMA</b>	<b>45678</b>	<b>H4</b>	<b>85</b>
Manufacturers ID Code (MIC)	Production or Serial #	Month Year of Production	Model Year

\* Key to month of production for current format:

A - January	D - April	G - July	J - October
B - February	E - May	H - August	K - November
C - March	F - June	I - September	L - December

**For Reduced Fee, Emergency Beacon:** Provide unexpired NOAA Proof of Registration letter or Registration Form

- ☐ EPIRB (Emergency Position Indicating Radio Beacon)
- ☐ PLB (Personal Locator Beacon)

**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, 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

CLASS	Regular Fees		Reduced Fee w/EPIRB or PLB	
	1 Year	2 Year	1 Year	2 Year
CLASS A-1 All vessels less than 12 feet in length, and motorized canoes	\$13.50	\$27.00	\$10.95	\$21.90
CLASS A-2 12 feet or more and less than 16 feet in length	\$29.63	\$59.26	\$24.38	\$48.76
CLASS 1 16 feet or more and less than 26 feet in length	\$48.38	\$96.76	\$40.03	\$80.06
CLASS 2 26 feet or more and less than 40 feet in length	\$122.63	\$245.26	\$101.88	\$203.76
CLASS 3 40 feet or more and less than 65 feet in length	\$196.88	\$393.76	\$164.08	\$328.16
CLASS 4 65 feet or more and less than 110 feet in length	\$234.38	\$468.76	\$195.03	\$390.06
CLASS 5 110 feet or more in length	\$289.88	\$579.76	\$241.28	\$482.56

## 1. Registration Fee:

From the amounts listed on the rate chart above

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

## 2. Title Fee:

Vessel Title Fee \$5.75

Add \$4.00 if previously registered in another state

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

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

## 3. Title Options:

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

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

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

Fast Title – A paper title is mailed immediately (NOT AVAILABLE W/LIEN & FAST TITLE RELEASE REQ'D) add \$ 5.00

## 4. Late Fee:

If completed application not received in our office within 30 days from purchase date add \$ 10.00

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

## 5. 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 5** (\$18,000 state tax maximum)

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

## 6. Additional Fee(s):

If returning by mail: Add \$.95 (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

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## FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

## APPLICATION FOR CERTIFICATE OF VESSEL 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

**Section 1: OWNER/APPLICANT INFORMATION**

Customer Number	Fleet Number	Unit Number	Owner's County of Residence	
<b>Owner Details:</b>		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		Are you deaf or hard of hearing? (Voluntary) <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"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy by the Entirety <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)	Sex
Date of Birth		FL DL/ID or FEID/Suffix Number	Owner's Mailing Address	City
State		Zip Code		
Owner's Residential Street Address		City	State	Zip Code
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex
Date of Birth		FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)	City
State		Zip Code		
<b>Co-Owner Details:</b>		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		Are you deaf or hard of hearing? (Voluntary) <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)	Sex
Date of Birth		FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address	City
State		Zip Code		
Co-Owner's/Lessee's Residential Street Address		City	State	Zip Code

**Section 2: VESSEL DESCRIPTION**

Hull (Vessel) Identification Number (HIN)	<input type="checkbox"/> HIN is needed (Vessel does not have a HIN)	Florida Title Number	FL/DO Number	Renewal of Number <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Principal Use
Make/Manufacturer	Model	Year	Weight	Length ft. in.	Draft of Vessel (The depth of water a vessel draws.) For all vessels 26' or more in length and all sailboats. ft. in.
<input type="checkbox"/> I certify the vessel listed above has previously been branded as a damaged hull. I certify the vessel hull is damaged.					State of brand assignment (If known)
<input type="checkbox"/> I certify the vessel listed above has previously been branded as: Specify: _____					
Vessel Type		Hull Material	Propulsion Type	Engine Drive Type	Fuel
<input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Pontoon		<input type="checkbox"/> Rubber/Vinyl/Canvas	<input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual	<input type="checkbox"/> Inboard	<input type="checkbox"/> Electric
<input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat		<input type="checkbox"/> Aluminum <input type="checkbox"/> Steel	<input type="checkbox"/> Propeller <input type="checkbox"/> Sail	<input type="checkbox"/> Outboard	<input type="checkbox"/> Diesel
<input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Paddle Craft <input type="checkbox"/> Sailboat		<input type="checkbox"/> Fiberglass <input type="checkbox"/> Wood	<input type="checkbox"/> Water Jet	<input type="checkbox"/> Pod Drive	<input type="checkbox"/> Gas
<input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft		<input type="checkbox"/> Plastic	<input type="checkbox"/> Other: _____ (Specify)	<input type="checkbox"/> Sterndrive	<input type="checkbox"/> Other: _____ (Specify)
<input type="checkbox"/> Other: _____ (Specify)		<input type="checkbox"/> Other: _____ (Specify)		<input type="checkbox"/> Other: _____ (Specify)	
Primary Operation					
<input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Charter Fishing <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Exempt <input type="checkbox"/> Recreational Rent or Lease					
<input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Passenger Carrying <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Government <input type="checkbox"/> Commercial Other: _____					
<input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Hire (Livery)					
<input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Dealer/Manuf. Demonstration <input type="checkbox"/> Recreational (Pleasure) _____ (Specify)					

**Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION**

If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known)			
<input type="checkbox"/> The vessel listed above has previously been titled or registered <b>out-of-state</b> . <input type="checkbox"/> The vessel listed above has previously been titled or registered <b>out-of-country</b> .			
Previous State of Issue	Previous Registration Number	Previous State of Issue	Previous Registration Number

**Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION**

<input type="checkbox"/> I certify the vessel listed above is not currently a documented vessel or foreign-documented vessel. (If selected, one of the documents listed below is required.)	
<input type="checkbox"/> U.S. Coast Guard Release Documentation Form is attached	<input type="checkbox"/> Copy of Canceled Documentation Papers/Record is attached



## FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

## APPLICATION FOR CERTIFICATE OF VESSEL TITLE

**Section 5: 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)	Lienholder's Email (Voluntary)	
Date of Lien	Lienholder's Mailing Address	City	State	Zip Code
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 vessel title to the owner and sign here: _____		

**Section 6: SECURITY INTEREST**

<input type="checkbox"/> I certify that the vessel listed above has security interests. (More than one form HSMV 82040 may be used for additional secured parties.)				
Secured Party's Name	Secured Party's Mailing Address	City	State	Zip Code

**Section 7: TRANSFER TYPE** (If applicable)

If ownership has transferred, how and when was the vessel 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 8: DEALER SALES TAX REPORT AND VESSEL 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)	Vessel Identification Number of Trade In	

**Section 9: SALES TAX EXEMPTION CERTIFICATION** (If applicable)

<b>I certify the recreational vessel 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"/> Vessel will be used exclusively for rental.
Consumer's Certificate of Exemption Number: _____	Sales Tax Registration Number: _____
I hereby certify that ownership of the vessel 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 _____ (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)	

**Section 10: REPOSSESSION DECLARATION**

<input type="checkbox"/> I certify that this vessel was repossessed upon default in the terms of the lien instrument and is now in my possession.
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**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 vessel identified will not be operated on the waters of this state until properly registered.
<input type="checkbox"/> Other: (explain) _____

**Section 12: APPLICATION ATTESTMENT AND SIGNATURES**

<b>I/We physically inspected the HIN.</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 _____. (Name of deceased) (Date)		
<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 vessel 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 vessel to:</b>		
Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date