

# Charles W. Thomas

## pinellas county tax collector

## Miscellaneous Forms

### Application for Replacement - Form 83146

This form is completed and remitted to the Tax Collector's office when your customer needs to replace stolen or lost decals or license plates.

**1 We need to know what we're replacing.**

**We need to know why we're replacing it. (check the applicable box)**

**Was it damaged, defaced, lost?**

**2 Owner/Applicant Identification**  
The customer's information goes in this section

**3 Vehicle Information**  
Enter the mobile home information in this section. Be sure to include the decal number since that's what we're replacing.

**4 Attestment**  
This section is a little confusing, but all you need to worry about here is the customer's signature and date.

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES – MOTORIST SERVICES  
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE  
[www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)

**APPLICATION FOR REPLACEMENT LICENSE PLATE, VALIDATION DECAL  
OR PARKING PERMIT**  
*(Instructions on Reverse Side)*

<p><b>1 REPLACEMENT TYPE</b></p> <p>Check applicable box below:</p> <p><input type="checkbox"/> License Plate  <input type="checkbox"/> Decal  <input type="checkbox"/> License Plate and Decal  <input type="checkbox"/> Disabled Person Long-Term Parking Permit  <input type="checkbox"/> Disabled Person Temporary Parking Permit  <input type="checkbox"/> HOV (High Occupancy Vehicle) Decal</p>	<p><b>REPLACEMENT REASON</b></p> <p>Check applicable box below:</p> <p><input type="checkbox"/> Damaged  <input type="checkbox"/> Defaced  <input type="checkbox"/> Lost  <input type="checkbox"/> Lost-in-transit (applied for and never received)  <input type="checkbox"/> Voluntary (specific reason for replacement) _____</p> <p><input type="checkbox"/> Surrendered/Seized  <input type="checkbox"/> Stolen</p>
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Please contact your Local County Tax Collector's Office or License Plate Agency for fee information.

<b>2 OWNER / APPLICANT IDENTIFICATION</b>		
(Owner's Name) _____	(Owner's Sex, For company, show "C" for sex) _____	(Date of Birth Or Month of Expiration) _____
(Street Address) _____		
(City) _____	(State) _____	(Zip) _____
(Lessee's Name) _____		
(Lessee's Sex, For company, show "C" for sex) _____		(Date of Birth Or Month of Expiration) _____
(Street Address) _____		
(City) _____	(State) _____	(Zip) _____
1st Owner D/L Number: _____	2nd Owner D/L Number: _____	

<b>3 VEHICLE INFORMATION</b>					
(a) _____	(Year) _____	(Make) _____	(Color) _____	(Type) _____	(Title Number) _____
(b) _____					
(Previous License Plate Number) _____		(Previous Decal Number) _____		(Previous Parking Placard Number) _____	

<b>4 ATTESTMENT</b> <small>(CHECK WHEN APPLICABLE)</small>			
<input type="checkbox"/> License Plate	<input type="checkbox"/> Decal	<input type="checkbox"/> HOV Decal	<input type="checkbox"/> Parking Permit was reported stolen to the: <input type="checkbox"/> Police Department OR <input type="checkbox"/> Sheriff's Office

I hereby certify under the penalty of perjury that the license plate, decal or permit for the vehicle listed in Section 3 (a), is no longer or has never been in my possession for the reason checked in Section 1. All information herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Owner/Applicant's Signature) (Date)

Complete the following, if applicable:  
 \_\_\_\_\_ was surrendered to the tax collector: \_\_\_\_\_  
 (License Plate, Decal, or Parking Permit Number) (County) (Agency)

\_\_\_\_\_  
(Signature of Agency Personnel) (Date)

HSMV 83146 (Rev. 09/15) S [www.flhsmv.gov](http://www.flhsmv.gov)

# Power of Attorney - Form 82053 (not used often)

This form is used to appoint another party to sign on your customer's behalf (i.e. husband signing for wife). We must have either the original or a certified copy. Photocopies will not be accepted. In most situations, you will be the Power of Attorney and your customer will be the grantor. This state form is considered a limited power of attorney, meaning it can only be used for a specific vehicle, vessel or mobile home and it no longer requires notarization.

## 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

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/](http://www.flhsmv.gov/offices/)  
**POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME OR VESSEL**

**1** \_\_\_\_\_  
 (Date)

## 3 Complete all of the sections here including:

Year  
 Make  
 Body Type (VS)  
 Title Number  
 VIN

I/We hereby name and appoint, **2** \_\_\_\_\_, 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.

CHECK ONE:  Motor Vehicle  Mobile Home  Vessel

**3**

Year	Make/Manufacturer	Body Type	Title Number
_____	_____	_____	_____
Vehicle/Vessel Identification Number _____			

## 4 Grantor's information

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

**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.

**4**

_____ (Signature of Owner "Grantor")	_____ (Legibly Printed Name of Owner "Grantor")
_____ (Driver License, Identification Card or FEID Number for Owner)	_____ (Date of Birth for Owner, if applicable)
_____ (Owner's Address)	_____ (City) 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.flhsmv.gov/offices/>

HSMV 82053 (Rev. 12/11) S

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

# Multi – Purpose Affidavit - UDS 305

This is a Pinellas County form designed by us and approved by the state for use in title and tag transactions. This form is most often used to fix errors on title work. If you use this form to correct errors, it must be on your dealer's letterhead.

## 1 Year, Make and VIN

## 2 Name is the same

A common use for this form is as a name is the same affidavit. If your customer signs everything Sue Smith, but her legal name is Susan Smith, you can use this form to explain that to us.

## 3 Other

This is a catch all spot for title errors.

## 4 Affiant's Signature

Sign, date, print and put affiant's DL/ID Card # here.

### AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF PINELLAS

The undersigned hereby certifies the following facts and statements checked regarding the motor vehicle, vessel, or mobile home described below:

1

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ VEHICLE IDENTIFICATION NUMBER \_\_\_\_\_

2

- The above described vehicle needs **major repair** work.
- \_\_\_\_\_ and \_\_\_\_\_ are known to be **one and the same** person.
- Correction of Purchasers Name:** I do hereby swear that \_\_\_\_\_ never took possession of the above described motor vehicle, vessel, or mobile home. The name lined through was entered in error and no fraud was intended.
- I am the owner of a **moped** described above. This vehicle was purchased on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . I do not have a Bill of Sale or any other proof of purchase.
- I have a **military service related license plate** or will be the applicant for said license plate.
- \_\_\_\_\_ will be listed as the "registrant" on a vehicle titled in the name of a trust and will have beneficial use of the vehicle.
- I am making application for a military service related license plate as the **un-remarried surviving spouse** of:
  - Ex-Prisoner of War**
  - Purple Heart recipient**
- I am the owner of the vehicle described above and hereby request the vehicle be classified as a **recreational vehicle** for the following reasons:
  - Installed 110 volt electrical wiring
  - Installed LP gas piping
  - Installed plumbing system
- The above described vehicle has not been  will not be  **operated on the public highways** of Florida.
- This vehicle has been maintained in **dead storage** since the last registration period. The last year of registration was \_\_\_\_\_ and the last validation decal number was \_\_\_\_\_.
- The vehicle with id # \_\_\_\_\_ has been **disposed of** as described in Section 320.072 of the Florida Statutes.
- The **odometer information** on the attached \_\_\_\_\_ is incorrect due to \_\_\_\_\_. The actual mileage should be \_\_\_\_\_ see form 82993.
- Other:** \_\_\_\_\_
- Plate not available for surrender**

3

**\*\*ACCEPTABLE PROOF OF IDENTIFICATION MUST BE PROVIDED  
THE FORM OF A DRIVER LICENSE OR IDENTIFICATION**

Section 320.02(5)(a) and 627.733, Florida Statutes, require every owner or registrant to maintain personal injury protection (PIP) and property damage liability (PDL) through a Florida insurance agent, continuously throughout the registration period. This is required on a motor vehicle with four or more wheels, which has a valid Florida license plate and registration. (If you cancel your insurance on your vehicle, you should make every effort to obtain the current physical license plate and surrender it to the department to avoid suspension of your driver license. This may not be possible in the case of a stolen license plate. In this instance, however, you are responsible for reporting that license plate was stolen.)

The Florida license plate number \_\_\_\_\_ is lost/destroyed/stolen is not available for surrender, and if found will not be affixed to any motor vehicle. I am requesting that the registration and license plate be marked "CANCELLED" in DMV records.

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

4

Signature of Affiant / Seller / Registrant

Date: \_\_\_\_\_

Printed Name of Affiant / Seller/ Registrant

DL / ID Card #: \_\_\_\_\_

UDS305 rev2013May16