DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE

www.flhsmv.gov/offices/

VEHICLE IDENTIFICATION NUMBER AND ODOMETER VERIFICATION

The state of the s						
PART A - OWNER'S VEHICLE IDENTIFIC (Completion of this part requires a	CATION AFF a physical in	FIDAVIT ANI spection of t	ODOMET ne vehicle b	ER DECLA y the owner	RATION)	
AFFIDAVIT: DATE:						
This is to certify that I, the undersigned, and on the date entered above, made a physical number and other identification information	al inspection	of the motor	vehicle and	le described I have recor	on this form and that I have,	
					MBER 1955 AND LATER)	
Vehicle Identification Number	Year	Make	Color	Body	Previous State Vehicle Titled In	
ODOMETER DECLARATION WARNING: Federal and State law requi Certificate of Title. Failure to complete	ire that you or providing	state the m	ileage in co	onnection w	rith an application for a mes and/or imprisonment.	
I/WE STATE THAT THIS 5 OR 6	DIGIT ODON	METER NOW	READS		.XX (NO TENTHS)	
MILES, DATE READ//	AND I/M	VE HEREBY (CERTIFY TH	IAT TO THE	BEST OF MY KNOWLEDGE	
THE ODOMETER READING:						
1. reflects ACTUAL MILEAGE.	2. is IN EXCES	SS OF ITS MEC	HANICAL LIM	ITS.	3. is NOT THE ACTUAL MILEAGE.	
UNDER PENALTY OF PE						
DOCUMENT A	ND IHAI 1	HE FACIS	SIAIED	IN II AKE	IRUE.	
(Owner's Signature)				(Owner's P	rinted Name)	
PART B – VERIFICATION OF THE VEHIC This section requires a physical inspection and a vehicles manufactured prior to 1955) of the mot Officer, or Florida Division of Motorist Services I VIN, the verification must be submitted on their (with abbreviation of "TL" with a weight of 2,000	a verification of or vehicle des Employee or I letterhead sta	of the vehicle is cribed on this Fax Collector E tionery. Comp	dentification of form by a Flo Employee. If plete this sec	orida Notary P an out-of-stat tion on all use	Public, Licensed Dealer, Police the motor vehicle dealer verifies the	
I, the undersigned, certify that I have physically the vehicle to be identified to the vehicle identific				nd find that th		
Date:					(Seal)	
Commissioned Name of Florida Notary:	nt, Type or Star		Notary's Sigi	nature:		
UNDER PENALTY OF PERJURY, I DECLARE STATED IN IT ARE TRUE.	* '		OREGOING	DOCUMENT	AND THAT THE FACTS	
If other than a Notary, check the box below that ap	oplies and sign	and complete	the correspon	nding fields. V	/erified by:	
Florida Compliance Examiner/Inspector(DM	MS/TC Employ	yee) La	w Enforceme	nt Officer [Florida Licensed Dealer	
Signature:	P	rinted Name:				
Florida Compliance Examiner/Inspector Name:			Badge or ID #:			
			LEO Badge #:			
Florida Dealer Name:			Flori	da Dealer#:		

♦ NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT ♦

HSMV 82042 (REV. 01/13)

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