

# 17digit | Sample deal jacket

Florida retail cash sale | Fictional example

2003 Honda Accord | Silver | 125,000 miles

Example Motors (SAMPLE), Jacksonville, FL

Buyer: Alex Example | Sale price: \$6,500

Included in this preview:

1. HSMV 82040 - Application for Certificate of Title
2. HSMV 82050 - Notice of Sale / Bill of Sale
3. Odometer Disclosure Statement

Generated using the 17digit application form generators.

Illustrative selection, not a complete submission checklist.

Forms required vary by transaction. Signatures are intentionally blank.



## FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

## 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 ☒ TransferRequest to print Certificate of Title: ☐ No ☒ Yes: In office ☐ Yes: MailedOff-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV)☐ Recreational Off-Highway Vehicle (ROV)☐ Off-Highway Motorcycle (OHM)

| 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                                  | Are you a US Citizen? <input checked="" 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.<br><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<br>(First, Full Middle/Maiden, & Last Name)                                                                                                                                  |                                                             | Owner's Phone Number<br>(Voluntary)                                                             |                                                  | Owner's Email (Voluntary)                                                                 |                             | Sex                                                                                                   | Date of Birth |
| Alex Example                                                                                                                                                                                                              |                                                             | 9045550101                                                                                      |                                                  | buyer@example.com                                                                         |                             |                                                                                                       |               |
| FL DL/ID or FEID/Suffix Number                                                                                                                                                                                            | Owner's Mailing Address                                     |                                                                                                 |                                                  | City                                                                                      | State                       | Zip Code                                                                                              |               |
| SAMPLE ONLY                                                                                                                                                                                                               | 200 Sample Avenue, Jacksonville, FL 32202                   |                                                                                                 |                                                  | Jacksonville                                                                              | FL                          | 32202                                                                                                 |               |
| Owner's Residential Street Address                                                                                                                                                                                        |                                                             |                                                                                                 |                                                  | City                                                                                      | State                       | Zip Code                                                                                              |               |
| 200 Sample Avenue                                                                                                                                                                                                         |                                                             |                                                                                                 |                                                  | Jacksonville                                                                              | FL                          | 32202                                                                                                 |               |
| Mail To Customer Name (If different from above owner)                                                                                                                                                                     |                                                             | Mail To's Phone Number<br>(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<br>(First, Full Middle/Maiden, & Last Name)                                                                   |                                                             | Co-Owner's Phone Number<br>(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: MOTOR VEHICLE DESCRIPTION                              |                                                                                                                                                                                                                                    |      |                      |        |                            |        |                         |        |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------|--------|----------------------------|--------|-------------------------|--------|
| Vehicle Identification Number (VIN)                               |                                                                                                                                                                                                                                    |      | Florida Title Number |        | License Plate Number       |        | Previous State of Issue |        |
| 1HGCM82633A004352                                                 |                                                                                                                                                                                                                                    |      |                      |        |                            |        |                         |        |
| Make/Manufacturer                                                 | Model                                                                                                                                                                                                                              | Year | Body                 | Color  | Length<br>Ft. ____ In ____ | Weight | GVW                     | BHP/CC |
| Honda                                                             | Accord                                                                                                                                                                                                                             | 2003 | 4D                   | Silver |                            |        |                         |        |
| Van Use (If applicable)                                           | Fuel Type                                                                                                                                                                                                                          |      |                      |        |                            |        |                         |        |
| <input type="checkbox"/> Passenger <input type="checkbox"/> Other | <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric |      |                      |        |                            |        |                         |        |

| Section 3: BRANDS, USAGE AND TYPE (Check applicable types) |                                          |                                       |                                      |                                   |                                  |                                           |                                     |                                  |
|------------------------------------------------------------|------------------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|-------------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Assembled from Parts              | <input type="checkbox"/> Autonomous      | <input type="checkbox"/> Bonded Title | <input type="checkbox"/> Custom      | <input type="checkbox"/> Electric | <input type="checkbox"/> Flood   | <input type="checkbox"/> Glider Kit       | <input type="checkbox"/> ILEV       | <input type="checkbox"/> Kit Car |
| <input type="checkbox"/> Long Term Lease                   | <input type="checkbox"/> Manuf. Buy Back | <input type="checkbox"/> Police Veh.  | <input type="checkbox"/> Private Use | <input type="checkbox"/> Rebuilt  | <input type="checkbox"/> Replica | <input type="checkbox"/> Short Term Lease | <input type="checkbox"/> Street Rod | <input type="checkbox"/> Taxicab |

| Section 4: LIENHOLDER INFORMATION (If applicable)                                        |                                                                                                                             |                                                                                                                                                                       |  |                                |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| ELT Customer<br><input checked="" 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 motor vehicle title to the owner and sign here: _____ |  |                                |

| Section 5: TRANSFER TYPE (If applicable)                                                                                                                                                                               |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| If ownership has transferred, how and when was the motor vehicle acquired?                                                                                                                                             | Date Acquired: |
| <input checked="" type="checkbox"/> Sale (Price: \$6500 .00 ) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____ | 09 / 09 / 2026 |

| Section 6: ODOMETER DECLARATION                                                                                                                                                                                                 |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>WARNING:</b> Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment. |                                                        |
| I/we state that this <input type="checkbox"/> 5 or <input checked="" type="checkbox"/> 6-digit odometer now reads <u>1 2 5 0 0 0</u> .xx miles.<br>(No tenths)                                                                  | Date Read: <u>09</u> / <u>09</u> / <u>2026</u>         |
| I/we hereby certify that to the best of my/our knowledge the odometer reading:                                                                                                                                                  |                                                        |
| <input checked="" type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE.                                                                                                                                                                 | <input type="checkbox"/> 2. IS NOT THE ACTUAL MILEAGE. |
| <input type="checkbox"/> 3. IS IN EXCESS OF ITS 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<br><b>SAMPLE ONLY</b>                               | Dealer License Number<br><b>SAMPLE ONLY</b> | Date of Sale<br><b>09/09/2026</b>   | Amount of Tax<br><b>390.00</b>                  | 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)<br><b>1HGCM82633A004352</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name Certifying Inspector<br><b>Demo Dealer</b> | Certifying Inspector Signature | Date<br><b>09/09/2026</b>                                                              |
| Select which option best represents the certifying inspector:<br><input type="checkbox"/> Law Enforcement      Agency Name: _____      Badge Number: _____<br><input checked="" type="checkbox"/> Florida Dealer      Dealer Name: <u>Example Motors (SAMPLE)</u> Dealer Number: <u>SAMPLE ONLY</u><br><input type="checkbox"/> FLHSMV      Office Name: _____      User ID/Badge: _____<br><input type="checkbox"/> Tax Collector or License Plate Agency      Agency Name: _____      County/Agency: _____                                                       |                                                 |                                | <input type="checkbox"/> Florida Notary Public (Stamp or Seal)<br><br>Signature: _____ |

| 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:<br><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: _____<br><input type="checkbox"/> Even trade or trade down _____<br><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:<br><input type="checkbox"/> I certify that the certificate of title is lost or destroyed.<br><input type="checkbox"/> The vehicle identified will not be operated on the streets and highways of this state until properly registered.<br><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.)<br><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<br><b>Alex Example</b>                                                                                                                                                                                               | Signature of Applicant, Owner    | Date<br><b>09/09/2026</b> |
| 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 _____.<br><i>(Name of deceased) (Date)</i>                                                                                                                                                                                                               |                                          |      |
| <input type="checkbox"/> Testate (with a will) <input type="checkbox"/> Intestate (without a will) and left the surviving heir(s) named below.<br><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><br>(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 |

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/)

**Notice of Sale and/or Bill of Sale for a Motor Vehicle,  
Mobile Home, Off-Highway Vehicle or Vessel**

☒ Notice of Sale (Seller must complete sections 1 & 3). The purchaser's signature in section 3 is optional.

☐ Bill of Sale (Seller and purchaser must complete sections 1, 2 (when applicable) & 3).

| 1. Motor Vehicle, Mobile Home, Off- Highway or Vessel Description                                                                                                                                   |                                   |                                                         |                                                                  |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------|------------------------------------------------------------------|---------------------------|
| Year<br><b>2003</b>                                                                                                                                                                                 | Make/Manufacturer<br><b>Honda</b> | Body Type<br><b>4D</b>                                  | Model<br><b>Accord</b>                                           | Color<br><b>Silver</b>    |
| Certificate of Title Number                                                                                                                                                                         |                                   | Current Title Issue Date                                | Vehicle/Vessel Identification Number<br><b>1HGCM82633A004352</b> |                           |
| I/we do hereby sell or have sold and delivered the above described motor vehicle, mobile home, off-highway vehicle or vessel to:                                                                    |                                   |                                                         |                                                                  |                           |
| Print Name(s) of Purchaser(s)<br><b>Alex Example</b>                                                                                                                                                |                                   |                                                         |                                                                  |                           |
| Address<br><b>200 Sample Avenue, Jacksonville, FL 32202</b>                                                                                                                                         |                                   | City                                                    | State                                                            | Zip Code                  |
| Date of Sale<br><b>09/09/2026</b>                                                                                                                                                                   |                                   | Selling price<br>\$ <b>6,500.00</b>                     |                                                                  |                           |
| 2. Odometer Disclosure Statement (Required For a Motor Vehicle)                                                                                                                                     |                                   |                                                         |                                                                  |                           |
| Federal and State law requires that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. |                                   |                                                         |                                                                  |                           |
| WE STATE THAT THIS MOTOR VEHICLE'S <input type="checkbox"/> 5 DIGIT OR <input checked="" type="checkbox"/> 6 DIGIT ODOMETER NOW READS <b>1</b> <b>2</b> <b>5</b> , <b>0</b> <b>0</b> <b>0</b> .xx   |                                   |                                                         |                                                                  |                           |
| (NO TENTHS) MILES, DATE READ <b>09</b> / <b>09</b> / <b>2026</b> , AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE ODOMETER READING:                                                    |                                   |                                                         |                                                                  |                           |
| <input checked="" type="checkbox"/> 1. REFLECTS THE ACTUAL MILEAGE. <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE.       |                                   |                                                         |                                                                  |                           |
| Affidavit (When applicable):                                                                                                                                                                        |                                   |                                                         |                                                                  |                           |
|                                                                                                                                                                                                     |                                   |                                                         |                                                                  |                           |
|                                                                                                                                                                                                     |                                   |                                                         |                                                                  |                           |
| 3. Certification                                                                                                                                                                                    |                                   |                                                         |                                                                  |                           |
| UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.                                                                             |                                   |                                                         |                                                                  |                           |
| Seller's Signature                                                                                                                                                                                  |                                   | Seller's Printed Name<br><b>Example Motors (SAMPLE)</b> |                                                                  | Date<br><b>09/09/2026</b> |
| Seller's Address<br><b>100 Example Street, Jacksonville, FL 32202</b>                                                                                                                               |                                   | City                                                    | State                                                            | Zip Code                  |
| Co-Seller's Signature (when applicable)                                                                                                                                                             |                                   | Co-Seller's Printed Name (when applicable)              |                                                                  | Date                      |
| Co-Seller's Address (when applicable)                                                                                                                                                               |                                   | City                                                    | State                                                            | Zip Code                  |
| Purchaser's Signature                                                                                                                                                                               |                                   | Purchaser's Printed Name<br><b>Alex Example</b>         |                                                                  | Date<br><b>09/09/2026</b> |
| Co-Purchaser's Signature (when applicable)                                                                                                                                                          |                                   | Co-Purchaser's Printed name (when applicable)           |                                                                  | Date                      |

**\* OWNERSHIP STATUS FOR THE ABOVE DESCRIBED MOTOR VEHICLE, MOBILE HOME, OFF-HIGHWAY VEHICLE OR VESSEL WILL NOT CHANGE UNTIL THE PURCHASER APPLIES FOR AND IS ISSUED A CERTIFICATE OF TITLE.**

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>

HSMV 82050 (Rev. 03/21) S

# Odometer Disclosure Statement

## Federal Odometer Disclosure Statement

2003 Honda Accord

|                       |                                                                                                                                                                                                                    |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form purpose          | Federal Odometer Disclosure Statement                                                                                                                                                                              |
| Purchaser             | Alex Example                                                                                                                                                                                                       |
| Purchaser address     | 200 Sample Avenue, Jacksonville, FL, 32202                                                                                                                                                                         |
| Purchaser phone       | 9045550101                                                                                                                                                                                                         |
| VIN                   | 1HGCM82633A004352                                                                                                                                                                                                  |
| Year / make / model   | 2003 Honda Accord                                                                                                                                                                                                  |
| Body / color          | 4D / Silver                                                                                                                                                                                                        |
| Odometer              | 125,000                                                                                                                                                                                                            |
| Sale date             | 9/9/2026                                                                                                                                                                                                           |
| Sale price            | \$6,500                                                                                                                                                                                                            |
| Dealer                | Example Motors (SAMPLE)                                                                                                                                                                                            |
| Dealer license        | SAMPLE ONLY                                                                                                                                                                                                        |
| Dealer address        | 100 Example Street, Jacksonville, FL, 32202                                                                                                                                                                        |
| Mileage certification | The odometer reading reflects the actual mileage of the vehicle.                                                                                                                                                   |
| Federal notice        | Federal law requires the transferor to state the mileage in connection with the transfer of ownership. Failure to complete this disclosure or providing a false statement may result in fines and/or imprisonment. |
| Transferor            | Example Motors (SAMPLE)                                                                                                                                                                                            |
| Transferee            | Alex Example                                                                                                                                                                                                       |

### Signatures

Purchaser / Owner

Dealer / Authorized Agent

Generated by 17digit for this deal jacket. Review with your own sale terms before signing.