

# ASPT VEHICLE PACKET

- Instruction Memo
- Form HSMV 84490
- Form HSMV 84491
- Form HSMV 82040MV
- Form HSMV 82105 (when more than 6 passengers)
- Form HSMV 82053
- Form HSMV 86064

STATE OF FLORIDA  
Department of Highway Safety and Motor Vehicles  
Division of Motorist Services (DMS), Region 10  
12601 NW 42<sup>nd</sup> Ave. Opa Locka, Florida 33054  
Phone (786) 804-4180 Fax (305) 953-3160  
[DmvRegion10@flhsmv.gov](mailto:DmvRegion10@flhsmv.gov)

**ASSEMBLED FROM PARTS/LOW SPEED VEHICLE (ASPT/LSV)**  
**GOLF CART CONVERSION TO LOW SPEED VEHICLES (LSV) INSTRUCTIONS**

**YOU MUST PROVIDE THE FOLLOWING WHEN REQUESTING YOUR APPOINTMENT**

- Completed Statement of Builder (HSMV 84490): Section I. question 4, Section II. question 2, 3, 4, Section IV. Applicant info, Section V and all other sections and questions not mentioned blank – Use HSMV 84491 to complete section 2
- Completed application for Certificate of Title (HSMV 82040). Complete section 1, 3, 5, 7 (**Dealer only**) & 12 – On section 2 only fill in the weight
- Completed Affidavit for Golf Cart Modified to a Low Speed Vehicle (HSMV 86064). Leave “Florida Assigned FLA VIN:” blank, this area will be complete on the day of the inspection
- Completed Manufacturer Certificate of Origin or bill of sale properly assigned to the builder for the golf cart
- Submit the original bills of sale or receipts for all parts used to convert the golf cart to a low-speed vehicle as listed on HSMV 86064 Receipts should be made out to builder’s name from the business purchased. The seller must include their legal name, address, and phone number for verification purposes – Please note, receipts from eBay or Amazon are not acceptable. You must contact the vendor directly to obtain an invoice.
- Be sure that all receipts are written in English and are marked paid
- Photographs of the entire golf cart – All angles
- Complete certified weight slip and affidavit (HSMV 82105) completed by the scale station ONLY when the golf cart is for more than 6 passengers.
- Submit a \$40 check or money order for the inspection in accordance with section 319.32(1), Florida Statute, must be collected. Payable to DHSMV, the \$40 check/money order is nonrefundable 60 days after submission.
- Please submit originals with a set of copies of all documents you have filled out, along with receipts and pictures and the \$40 fee in a manila envelope (9½ X 12½)
- Submit your package to DMS, Region 10, either at the Opa Locka office or by mail.
- You will be contacted by phone or email when your inspection is completed, and package is ready for pick up.

ALL VEHICLES MUST BE ROADWORTHY TO INCLUDE ALL REQUIREMENTS OF FLORIDA LAW TO LEGALLY OPERATE ON ALL PUBLIC HIGHWAYS. ANY QUESTIONS CAN BE ANSWERED BY USING THE CONTACT INFORMATION LISTED ABOVE.

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**AFFIDAVIT FOR GOLF CART MODIFIED TO A LOW SPEED VEHICLE**

Florida Assigned FLA VIN: \_\_\_\_\_

The undersigned hereby certifies that the golf cart modified to a low speed vehicle conforms to Federal Regulations under Title CFR Part 571.500 and 316.2126, Florida Statutes, including but not limited to the following:

- Headlamps
- Stop lamps
- Tail lamps
- Rear license plate bracket with either a tail lamp or a separate lamp constructed and placed to illuminate with a white light the rear registration plate and render it clearly legible from a distance of 50 feet to the rear
- Front and rear turn signal lamps
- Windshield with an AS1 or AS4 composition
- Type 1 or Type 2 seat belt assembly conforming to section 571.209 of this part, Federal Motor Vehicle Safety Standard No. 209, Seat belt assemblies at each designated seating position
- An exterior mirror mounted on the driver's side of the vehicle and either an exterior mirror mounted on the passenger's side of the vehicle or an interior mirror
- Parking Brakes
- Reflex reflectors: one red on each side as far to the rear as practicable, and one red on the rear
- Windshield cleaning device pursuant to 316.2952(3)(4), Florida Statutes
- Horn pursuant to 316.271(1), Florida Statutes
- Slow Moving Vehicle Emblem (SMV) pursuant to 316.2225(7)(a)(b), Florida Statutes
- Top speed is greater than 20 MPH but not greater than 25 MPH pursuant to 320.01(42), Florida Statutes (it can be gasoline or electrical/battery powered)
- Requirement of a weight slip (The Gross Vehicle Weight Rating cannot exceed 3,000 lbs. The GVWR includes the net weight of the vehicle, plus the rated cargo load, plus 150 lbs. times the number of seating positions equipped with seat belts)

**Notice: Section 320.02(5)(a), Florida Statutes, requires all low speed vehicles registered in Florida to provide and maintain Personal Injury Protection and Property Damage insurance on the vehicle. Failure to do so may result in suspension of your driving privileges.**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. FURTHER, I AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT (OWNER)

\_\_\_\_\_  
SIGNATURE OF APPLICANT (CO-OWNER)

\_\_\_\_\_  
PRINTED NAME OF APPLICANT (OWNER)

\_\_\_\_\_  
PRINTED NAME OF APPLICANT (CO-OWNER)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SECTION IV. APPLICANT INFORMATION AND SIGNATURE**

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

The undersigned hereby certifies that the vehicle conforms to Florida and Federal Motor Vehicle Safety Standards. Under penalties of perjury, I declare that I have read the foregoing document and that the facts provided herein are true. No material information regarding the motor vehicle, motorcycle, or mobile home has been omitted.

\_\_\_\_\_  
Printed Name of Applicant/Business

\_\_\_\_\_  
Printed Name of Applicant/Business

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number(S)

\_\_\_\_\_  
Telephone Number(S)

\_\_\_\_\_  
Signature Of Applicant/Business

\_\_\_\_\_  
Signature Of Applicant/Business

**SECTION V. HSMV OFFICE USE ONLY**

HSMV CE signature below attests to the VIN verification and vehicle inspection requirement. PRVIP Inspector attest to vehicle inspection only.

VIN	Title Number	
D-1	Title State	Odometer
D-2	Year	Make
D-3	Body	Color
D-4	Audit #	Region #



### STATEMENT OF BUILDER

REBUILT     ASPT     KIT CAR     OTHER: \_\_\_\_\_

SECTION I. DESCRIPTION OF:     Motor Vehicle     Motorcycle     Mobile Home

1. \_\_\_\_\_  
Year                  Make                  Identification Number    Color                  Body                  Length

2. Title Number: \_\_\_\_\_ Title State: \_\_\_\_\_

3. Other/Title Number: \_\_\_\_\_ Title State: \_\_\_\_\_

4. Motor Vehicle/Motorcycle is complete and in roadoperable condition. \_\_\_\_\_ (Initials)

5. Mobile Home is habitable for residential or commercial purposes. \_\_\_\_\_ (Initials)

### SECTION II. MAJOR COMPONENT PARTS USED IN THE BUILDING/REPAIR PROCESS

**Note:** Major component parts are defined as: For motor vehicles other than motorcycles, any fender, hood, bumper, cowl assembly, rear quarter panel, trunk lid, door, deck lid, floor pan, engine, frame, transmission, catalytic converter or airbag. In addition to the previously mentioned: major component parts for electric, hybrid, or plug-in vehicles or trucks include any electric traction motor, electronic transmission, charge port, DC power converter, onboard charger, power electronics controller, thermal system, transaction battery pack, or airbag.

1. This section is not applicable as the     Motor Vehicle                   Motorcycle                   Mobile Home  
was purchased from \_\_\_\_\_ on \_\_\_\_\_ 20 \_\_\_\_\_, in complete rebuilt or ASPT condition.

2. List the major component parts used in the building/repair process (if additional space is needed, please use form HSMV 84491).

Part	New	Used	Repaired	Aftermarket	Homemade	Source/VIN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. When Section II (1) is not applicable, describe the repairs made in detail. (If additional space is needed, please use form HSMV 84491. Attach the original MSO, bill of sale(s), or receipt(s) for all major component parts (must contain name, address, telephone, and signature of seller).

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4. Number of Receipts: \_\_\_\_\_

**SECTION III. CUSTOM VEHICLE OR STREET ROD**

The following statements are required to be attested to according to section 320.0863, Florida Statutes. Failure to attest to these statements will cause this agency to reject your application.

The vehicle will not be used for general daily transportation but will be maintained for occasional transportation, exhibitions, club activities, parades, tours, or other functions of public interest and similar uses.

The vehicle meets state equipment and safety requirements for motor vehicles that were in effect in this state as a condition of sale in the year listed as the model year on the certificate of title.

**By checking the boxes above and by signature below, I acknowledge and attest to the statements above as my written statement relating to a custom vehicle or street rod.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**STATEMENT OF BUILDER**  
**Additional Sheet**

REBUILT     ASPT     KIT CAR     OTHER: \_\_\_\_\_

SECTION I. DESCRIPTION OF:     Motor Vehicle     Motorcycle     Mobile Home

L. \_\_\_\_\_  
Year                      Make                      Identification Number                      Color                      Body                      Length

**SECTION II. MAJOR COMPONENT PARTS USED IN THE BUILDING/REPAIR PROCESS**

Part	New	Used	Repaired	Aftermarket	Homemade	Source/VIN
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____



**SECTION III. TO BE COMPLETED AND SUBMITTED WITH ALL APPLICATIONS**

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

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. NO MATERIAL INFORMATION REGARDING THE MOTOR VEHICLE, MOTORCYCLE, OR MOBILE HOME HAS BEEN OMITTED.

\_\_\_\_\_  
Printed Name of Applicant/Business

\_\_\_\_\_  
Printed Name of Applicant/Business

\_\_\_\_\_  
Signature Of Applicant/Business

\_\_\_\_\_  
Signature Of Applicant/Business

Please mark the appropriate answer	Yes	No	Please mark the appropriate answer	Yes	No
			FRVIS	<input type="checkbox"/>	<input type="checkbox"/>
Secondary VIN Verified	<input type="checkbox"/>	<input type="checkbox"/>	Previous Rebuilt	<input type="checkbox"/>	<input type="checkbox"/>
Federal Decal	<input type="checkbox"/>	<input type="checkbox"/>	NICB Check	<input type="checkbox"/>	<input type="checkbox"/>
Replacement VIN Plate/Decal	<input type="checkbox"/>	<input type="checkbox"/>	Component Parts Marked	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Painted Prior to Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Flood Damaged	<input type="checkbox"/>	<input type="checkbox"/>
Odometer Replacement Notice	<input type="checkbox"/>	<input type="checkbox"/>	Theft	<input type="checkbox"/>	<input type="checkbox"/>

This ASPT/Vehicle resembles a: \_\_\_\_\_ Tax Due On: \_\_\_\_\_

**MOBILE HOME USE ONLY** Mobile Home was measured: With Tongue  Without Tongue

Comments : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Under Penalties of perjury, I declare that I have made an inspection of this motor vehicle, motorcycle or mobile home and completed Section V based on that inspection.**

_____ Signature of HSMV Compliance Examiner	_____ Print Name of HSMV Compliance Examiner	_____ Region #	_____ Date
_____ Signature of PRVIP Inspector	_____ Print Name of PRVIP Inspector	_____ Co/Agy #	_____ Date



**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  Transfer

**Request to print Certificate of Title:**  No  Yes: In office  Yes: Mailed

**Off-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 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: MOTOR VEHICLE DESCRIPTION									
Vehicle Identification Number (VIN)			Florida Title Number			License Plate Number		Previous State of Issue	
Make/Manufacturer		Model	Year	Body	Color	Length Ft. ___ In ___	Weight	GVW	BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other		Fuel Type <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)									
<input type="checkbox"/> YES <input type="checkbox"/> NO	ELT Customer <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? <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 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 type="checkbox"/> 6-digit odometer now reads _____ , _____ .xx miles. (No tenths)					Date Read: ____ / ____ / ____.				
I/we hereby certify that to the best of my/our knowledge the odometer reading:									
<input 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.			



**STATE OF FLORIDA  
DIVISION OF MOTORIST SERVICES**

**CERTIFIED OFFICIAL WEIGHT AFFIDAVIT**

**NOTE: List Engine number for all vehicles prior to 1955 – List Identification Number for 1955 models or later**

DATE: \_\_\_\_\_

**This is to certify that I have personally weighed or supervised the weighing of the**

\_\_\_\_\_  
(Year & Make of the Car, Truck, or Trailer)

\_\_\_\_\_, \_\_\_\_\_  
(Vehicle Identification/Motor Number) (Body Type)

**and the said vehicle/trailer weighed \_\_\_\_\_ pounds.**

\_\_\_\_\_  
(Name of Person Who Owns the Vehicle/Trailer)

\_\_\_\_\_  
(Name of Business Where Scales are Located)

\_\_\_\_\_  
(Signature of Person Verifying the Weight of the Vehicle/Trailer)

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME, VESSEL or VESSEL with TRAILER**

**Please submit this form to your local tax collector office or license plate agent.**

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

As of today, \_\_\_/\_\_\_/\_\_\_\_, I/we hereby name and appoint, \_\_\_\_\_,  
(Full Legibly Printed Name is Required)

to be my/our 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, vessel, or vessel with a trailer 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 or 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.

Please check only one of the following options:

- Motor Vehicle       Mobile Home       Vessel       **Vessel with an Untitled Trailer**  
*(Trailers less than 2,000 pounds)*       **Vessel with a Titled Trailer**  
*(Trailers 2,000 pounds or more)*

Year	Make/Manufacturer	Body Type	Title Number	Vehicle Identification Number (VIN)/ Hull Identification Number (HIN)

**NOTICE TO OWNER(S):** Please 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.**

Legibly Printed Name of Owner ("Grantor")			Signature of Owner ("Grantor")		
Driver License, Identification Card or FEID Number of Owner				Date of Birth of Owner, if applicable	
Owner's Address		City		State	Zip Code
Legibly Printed Name of Co-Owner ("Grantor"), if applicable			Signature of Co-Owner ("Grantor")		
Driver License, Identification Card or FEID Number of Co-Owner				Date of Birth of Co-Owner, if applicable	
Co-Owner's Address		City		State	Zip Code

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.

A licensed dealer and his/her employees are considered a single entity. The Owner and/or Co-owner must be the same for ALL vehicles, mobile homes, vessels, or vessels with a trailer listed above.

