

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR SERVICES
2900 Apalachee Parkway - Tallahassee, 32399-0610

MOTOR VEHICLE POWER OF ATTORNEY/ODOMETER DISCLOSURE

This form may be used when title is physically held by lienholder or when the title has been lost. This form must be submitted to the state by the person exercising Powers of Attorney. Failure to do so may result in fines or imprisonment.

VEHICLE DESCRIPTION

Table with 6 columns: Vehicle Identification Number, Year, Make, Model, Body, Title No.

PART A. TRANSFEROR (SELLER'S) POWER OF ATTORNEY TO DISCLOSE MILEAGE.

I/We, _____ appoint _____ as of _____ as my/our attorney-in-fact with full authority to transfer title, to satisfy any lien and to disclose the mileage for the vehicle described above, exactly as stated in the following disclosure.

WARNING: Federal law and State law require that you state the mileage in connection with transfer of ownership. Providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS [] 5DIGIT OR [] 6 DIGIT ODOMETER NOW READS, [][][][] [][][][] [xx] (NO TENTHS) MILES, DATE READ ___/___/___, AND I/WE HEREBY CERTIFY THAT TO THE BEST OF O [] QWT MP QY NGF I G VJ G QF QO G VGT TGCF R I <

- 1. REFLECTS ACTUAL MILAGE
2. IS IN EXCESS OF ITS MECHANICAL LIMITS.
3. IS NOT THE ACTUAL MILEAGE
WARNING ODOMETER DISCREPANCY

TRANSFEROR (Seller):

Seller's Signature _____ Seller's Printed Name _____
Co Seller's Signature _____ Co Seller's Printed Name _____
Seller's Street Address _____ City _____ State _____ Zip _____

TRANSFEE (Purchaser):

Purchaser's Signature _____ Purchaser's Printed Name _____
Purchaser's Dealership Name _____ Dealer License No _____
(Print Name of Dealership/Business)
Business Address _____ City _____ State _____ Zip _____

PART B. TRANSFEE (PURCHASER) POWER OF ATTORNEY TO REVIEW TITLE DOCUMENTS AND ACKNOWLEDGE DISCLOSURE. (PART B IS INVALID UNLESS PART A HAS BEEN COMPLETED.)

I/We, _____ appoint _____ as of _____ as my/our attorney-in-fact for the purpose of and with full authority to apply for title and/or registration, to file a lien and to sign the mileage disclosure on the title for the vehicle described above, only if the disclosure is exactly as the disclosure completed below.

WARNING: Federal law and State law require that you state the mileage in connection with transfer of ownership. Providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS [] 5DIGIT OR [] 6 DIGIT ODOMETER NOW READS, [][][][] [][][][] [xx] (NO TENTHS) MILES, DATE READ ___/___/___, AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

- 1. REFLECTS ACTUAL MILAGE
2. IS IN EXCESS OF ITS MECHANICAL LIMITS.
3. IS NOT THE ACTUAL MILEAGE
WARNING ODOMETER DISCREPANCY

TRANSFEROR (Seller):

Seller's Signature _____ Seller's Printed Name _____
(Print Name of Seller) (For Dealership / Business) (For Dealership / Business)
Business Address _____ City _____ State _____ Zip _____

TRANSFEE (Purchaser):

Purchaser's Signature _____ Purchaser's Printed Name _____
Co Purchaser's Signature _____ Co Purchaser's Printed Name _____
Purchaser's Name _____ Street Address _____
City _____ State _____ Zip _____

PART C. CERTIFICATION BY ATTORNEY IN FACT (Person completing Part C must be the same person transferring information and signing the title.)

I, _____, hereby certify that the mileage I have disclosed on the title document is consistent with that provided to me in the above power(s) of attorney. Further, upon examination of the title and any reassignment documents for the vehicle described above, the mileage disclosure I have made on the title pursuant to the power of attorney is the same or greater than that previously stated on the title reassignment documents. This certificate is not intended to create, nor does it create any new or additional liability under Federal or State law.

Signature _____ Date _____ Printed Name _____

Street Address _____ City _____ State _____ Zip _____

WHO IS AUTHORIZED TO USE THIS FORM?:

OWNERS (SELLERS) TRANSFERRING THEIR OWNERSHIP IN THE MOTOR VEHICLE DESCRIBED ON THIS FORM TO A **PURCHASER** WHO WILL USE THIS POWER OF ATTORNEY TO MAKE A REQUIRED ODOMETER DISCLOSURE ON BEHALF OF THE SELLER (SELLERS MUST COMPLETE PART A WHEN TITLE IS NOT AVAILABLE FOR ODOMETER DISCLOSURE.)

PURCHASERS OBTAINING OWNERSHIP OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM FROM A LICENSED MOTOR VEHICLE DEALER WILL USE THIS POWER OF ATTORNEY TO MAKE A REQUIRED ODOMETER DISCLOSURE ON BEHALF OF THE PURCHASER. (PURCHASER MUST COMPLETE PART B WHEN THE TITLE CERTIFICATE IS NOT AVAILABLE AND PART A HAS BEEN COMPLETED.)

DEALERS LICENSED IN THE STATE OF FLORIDA TO BUY AND SELL MOTOR VEHICLES WILL USE THE POWER(S) OF ATTORNEY TO MAKE REQUIRED ODOMETER DISCLOSURES FOR MOTOR VEHICLE SELLERS AND/OR PURCHASERS. (DEALERS MUST ALWAYS COMPLETE PART C.)

THIS FORM SHOULD BE USED:

WHEN THE CERTIFICATE OF TITLE IS PHYSICALLY HELD BY A LIENHOLDER AND IS NOT AVAILABLE FOR ENDORSEMENT FOR TRANSFER AND ODOMETER DISCLOSURE.

WHEN THE CERTIFICATE OF TITLE HAS BEEN LOST OR DESTROYED AND IS NOT AVAILABLE FOR ENDORSEMENT FOR TRANSFER AND ODOMETER DISCLOSURE.

THIS FORM IS NOT REQUIRED:

WHEN THE MOTOR VEHICLE IS EXEMPT FROM THE ODOMETER DISCLOSURE REQUIREMENTS UNDER FEDERAL AND STATE LAW. THESE EXEMPTIONS ARE:

- MOTOR VEHICLE IS TEN (10) YEARS OLD OR OLDER
- MOTOR VEHICLE IS NOT SELF PROPELLED
- MOTOR VEHICLE HAS A GROSS VEHICLE WEIGHT RATING (GVWR) OF MORE THAN 16,00 POUNDS.

NOTE: IF A POWER OF ATTORNEY FORM IS NEEDED FOR AN EXEMPT VEHICLE (SEE ABOVE LIST OF EXEMPTIONS), USE FORM HSMV 82053.

FILING OF COPIES:

ORIGINAL: TO BE ATTACHED TO THE CERTIFICATE OF TITLE WHEN OBTAINED AND IS TO REMAIN WITH THE TITLE UNTIL THE APPLICATION FOR TITLE IS MADE FOR THE PURCHASER.

SECOND COPY: TO BE RETAINED BY THE DEALER FOR A PERIOD OF FIVE (5) YEARS.

THIRD COPY: TO BE GIVEN TO THE SELLER WHO COMPLETED THE POWER OF ATTORNEY IN PART A.

NOTE: IF THE MOTOR VEHICLE IS BEING SOLD TO AN OUT OF STATE PURCHASER OR AN OUT OF STATE DEALER, THE FLORIDA DEALER MUST PHOTOCOPY THE COMPLETED ORIGINAL OF THIS FORM AND MAIL DIRECTLY TO THE DEPARTMENT WITHIN FIVE (5) BUSINESS DAYS AFTER THE CERTIFICATE OF TITLE AND DEALER REASSIGNMENT FORM ARE DELIVERED BY THE DEALER TO ITS PURCHASER.