



**INFORMATION NOTICE**

**DIVISION OF MOTORIST SERVICES**

<b>DATE: 02/04/2016</b>	<b>Information Notice (INFO) RS/TL16-001</b>
<b>SUBJECT: Reynolds and Reynolds Company will Provide Secure Forms to Participating Dealers</b>	

**Current Process:**

The Department has agreements with several companies authorizing them to provide their participating dealers with secure forms HSMV 82994, Motor Vehicle Title Reassignment Supplement, and HSMV 82995, Motor Vehicle Power of Attorney/Odometer Disclosure using hardware, software, and secure paper. This enables dealers to produce accurate reproductions of these forms so they can complete retail transactions for their customers.

**Details:**

Effective immediately, the Department has an agreement with Reynolds and Reynolds Company (Reynolds and Reynolds). Reynolds and Reynolds developed a process that will enable their dealers to print and pre-populate forms HSMV 82994 and HSMV 82995. Dealers are authorized to use the Reynolds and Reynolds docuPAD software to generate laser printed versions of forms HSMV 82994 and HSMV 82995 on secure bonded paper approved by the Department.

Attached are scanned sample copies of forms HSMV 82994 and HSMV 82995 as they will look from dealers who subscribe to Reynolds and Reynolds' secure forms function.

This agreement does not invalidate any prior agreements with companies providing the same service.

STATE OF FLORIDA  
 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
 DIVISION OF MOTORIST SERVICES  
 Neil Kirkman Building – Tallahassee, FL 32399-0500  
**MOTOR VEHICLE TITLE REASSIGNMENT SUPPLEMENT**

(Instructions on Reverse Side)

This reassignment is supplement to:  Title No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_  
 Manufacturer's Statement or Certificate of Origin  
 Is the title electronic?  Yes  No

**VEHICLE DESCRIPTION**

Vehicle Identification Number	Year	Make	Model	Body
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**REASSIGNMENT INFORMATION**

Name of Seller(s)/Agent (Print)	DL/ID#, DMS ACCT#, FEID#	DEALER/AUCTION LICENSE (if applicable)	
Street Address	City	State	Zip
Selling Price (If Applicable)	Sales Tax Collected (If Applicable)	Sales Tax Reg. No. (If Applicable)	
Purchaser and Co-Purchaser's Printed Name(s)	Date of Sale		
Purchaser's Address	City	State	Zip
Co-Purchaser's Address (If applicable)	City	State	Zip
Auction Name (If applicable)	Auction License Number	State of License	Date of Auction
Street Address	City	State	Zip

**ODOMETER DISCLOSURE STATEMENT**

**WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.**

I/WE STATE THAT THIS  5 OR  6 DIGIT ODOMETER NOW READS,    ,    XX (NO TENTHS) MILES,  
 DATE READ \_\_\_\_/\_\_\_\_/\_\_\_\_, AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING.

CAUTION:  
 READ CAREFULLY  
 BEFORE YOU  
 CHECK A BOX

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

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

Printed Name of seller(s)/Agent	Seller(s)/Agent Signature
Printed Name of Co-seller (If applicable)	Co-Seller Signature (If applicable)
Purchaser(s) Signature	Co-Purchaser(s) Signature
Purchaser(s) Printed Name First, Full Middle or Maiden, Last	Co-Purchaser(s) Printed Name First, Full Middle or Maiden, Last

**NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW.**

ORIGINAL: SUBMIT WITH APPLICATION FOR TITLE  
 HSMV 82994 (REV. 04/14) S

COPY: SELLER/DEALER RETAIN IN FILE

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

**WHEN SHOULD THIS FORM BE USED?**

**FORM HSMV 82994, MOTOR VEHICLE TITLE REASSIGNMENT SUPPLEMENT, MUST BE USED:**

1. with conforming Florida Certificate(s) of Title to make additional dealer reassignments and odometer disclosures when all reassignment and odometer disclosure spaces on the reverse side of the Certificate of Title have been used:  
Or
2. with a non-conforming Certificate(s) of Title to make reassignments and odometer disclosures;  
Or
3. with conforming MCO, when the MCO is not available at the time of sale;  
Or
4. with all out-of-state non-conforming Certificate(s) of Title to make dealer reassignments and odometer disclosures;  
Or
5. when ownership is being transferred on an Electronic Certificate(s) of Title.

**NOTE:** This form should NOT be used when the owner is transferring ownership on a vehicle that does not have an electronic Certificate of Title. If the Certificate of Title is NOT electronic, the "Transfer of Title By Seller" section must be completed by the seller(s)/agent.

**FILING:**

The original HSMV 82994 is to be surrendered with the application for title.

The copy of the HSMV 82994 is to be retained by the dealer in his/her records for a period of five (5) years. It is recommended that the individual seller(s) retain a copy of this form for their records.

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES
2900 Apalachee Parkway - Tallahassee, 32399-0610
MOTOR VEHICLE POWER OF ATTORNEY/ODOMETER DISCLOSURE

(Instructions on Reverse Side)

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

Vehicle Identification Number Year Make Model Body Title No.

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

I/We, (Print Seller's Name) appoint (Print Name of Dealership / Business) as of (Date) 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 [ ] 5 DIGIT 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 MILEAGE [ ] 2. IS IN EXCESS OF ITS MECHANICAL LIMITS [ ] 3. IS NOT THE ACTUAL MILEAGE. WARNING ODOMETER DISCREPANCY

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

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. TRANSFEREE (Purchaser): Purchaser's Signature, Purchaser's Printed Name, Purchaser's Dealership Name, Dealer License No., Business Address, City, State, Zip.

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

I/We, (Print Purchaser's Name) appoint (Print Name of Dealership / Business) as of (Date) 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 [ ] 5 DIGIT 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 MILEAGE [ ] 2. IS IN EXCESS OF ITS MECHANICAL LIMITS [ ] 3. IS NOT THE ACTUAL MILEAGE. WARNING ODOMETER DISCREPANCY

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

TRANSFEROR (Seller): Seller's Signature, Seller's Printed Name, Business Address, City, State, Zip. TRANSFEREE (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, (Print Name of Person exercising above power(s) of attorney), 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.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature, Date, Printed Name, Street Address, City, State, Zip.

ORIGINAL: DMS Copy (with Title)

Copy #1: Dealer/Business

Copy #2: Part A Seller

**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. (PURCHASERS 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 16,000 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.