



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTOR VEHICLES  
Neil Kirkman Building, Tallahassee, FL 32399-0500



## 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 road operable condition. \_\_\_\_\_ (Initials)

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

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

1. This section is not applicable as the  motor vehicle    motorcycle   or    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"/>	_____

**Note:** Major component parts defined as: motor vehicle - the front end assembly (fenders, hood, grill, and bumper), cowl assembly, rear body section (both quarter panels, deck lid, bumper, and floor pan), door assemblies, engine, frame, airbags, or transmission; mobile home - the frame; and motorcycle - frame (to include tanks and fenders), engine, transmission, drive train assembly, and front fork assembly.

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).

\_\_\_\_\_

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

**MUST COLLECT \$40 INSPECTION FEE  
AND BRAND TITLE AS APPROPRIATE.**

**SECTION III. 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 CO-APPLICANT/BUSINESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

TELEPHONE NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT/BUSINESS

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT/BUSINESS

**SECTION IV. DMV USE ONLY**

*Signature below only attests to DMV inspection and does not apply to verification of Sections I, II, or III, completed by applicant.*

VIN: \_\_\_\_\_

Title Number: \_\_\_\_\_

D-1: \_\_\_\_\_

Title State: \_\_\_\_\_ Odometer: \_\_\_\_\_

D-2: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_

D-3: \_\_\_\_\_

Body: \_\_\_\_\_ Color: \_\_\_\_\_

D-4: \_\_\_\_\_

Audit #: \_\_\_\_\_ Region #: \_\_\_\_\_

Please mark the appropriate answer:

Secondary VIN Verified  Yes  No

Previous Rebuilt Title  Yes  No

Federal Decal Intact  Yes  No

NICB Check  Yes  No

Replacement VIN Plate/Decal  Yes  No

Tax Due On: \_\_\_\_\_

Vehicle Painted Prior to Inspection  Yes  No

Component Parts Marked  Yes  No

This ASPT/Vehicle resembles a: \_\_\_\_\_

Mobile Home Use Only: Mobile Home was measured  With Tongue or  Without Tongue

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

\_\_\_\_\_

Under penalties of perjury, I declare that I have made inspection of this motor vehicle, motorcycle, or mobile home and completed Section IV based on that inspection.

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Inspector's Badge ID Number

\_\_\_\_\_  
Print Name of Inspector

\_\_\_\_\_  
Date



