



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).

| <u>Part</u> | <u>New</u> | <u>Used</u> | <u>Repaired</u> | <u>Aftermarket</u> | <u>Homemade</u> | <u>Source/VIN</u> |
|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| _____ | <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