

STATEMENT OF BUILDER

REBUILT ASPT KIT CAR OTHER: _____

SECTION I. DESCRIPTION OF MOTOR VEHICLE MOTORCYCLE MOBILE HOME

- Year _____ Make _____ Identification Number _____ Color _____ Body _____ Length _____
- Title Number: _____ Title State: _____
- Other/Title Number: _____ Title State: _____ (Initials) _____
- 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

Note: Major component parts 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.

- This section is not applicable as the Motor Vehicle Motorcycle or Mobile Home was purchased from _____ on _____ 20____, in complete rebuilt or ASPT condition.
- 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
- 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: _____
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 _____
HSMV 84490 (Rev. 04/16)

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: _____	TELEPHONE NUMBER: _____

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 requirements. PRVIP Inspector attests to vehicle inspection only.

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	FRVIS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Decal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Rebuilt Title	<input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement VIN Plate/Decal	<input type="checkbox"/> Yes <input type="checkbox"/> No	NICB Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Painted Prior to Inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Due On:	
This ASPT/Vehicle resembles a:		Component Parts Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Odometer Replacement Notice:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Damaged	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Home Use Only:	Mobile Home was measured	Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____	<input type="checkbox"/> With Tongue	or	<input type="checkbox"/> Without Tongue

Under penalties of perjury, I declare that I have made 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/Agv #	Date