



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

STATEMENT OF BUILDER

REBUILT ASPT KIT CAR OTHER: _____

SECTION I. DESCRIPTION OF MOTOR VEHICLE MOTORCYCLE MOBILE HOME

1. 2004 HUMM 5GRGN23U34H104854 GRN UT
Year Make Identification Number Color Body Length

2. Title Number: 116013665 Title State: FL

3. Other/Title Number: _____ Title State: _____

4. Motor Vehicle/Motorcycle is complete and in road operable condition. CA (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.

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
HOOD #M130116	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Auto Parts Warehouse
GRILL # TRX54008	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Auto Parts Warehouse
Bumper Assembly # A108	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ABC Junk Yard/VIN#5GRGN13U34H106789
Bumper Cover # REP2010313P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Auto Parts Warehouse
L Fender # 12345	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AAA Junk Yard/Vin# 5GRGM23T34G121933

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: 6

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: 11/1/2017

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.**

Chris Hill

PRINTED NAME OF APPLICANT/BUSINESS
 123 MAIN STREET
 STREET ADDRESS
 MADEIRA BEACH FL 33708
 CITY STATE ZIP

PRINTED NAME OF APPLICANT/BUSINESS
 STREET ADDRESS
 CITY STATE ZIP

TELEPHONE NUMBER: 813-123-4567

TELEPHONE NUMBER: _____

Chris Hill
 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: _____
 D-1: _____
 D-2: _____
 D-3: _____
 D-4: _____

Title Number: _____
 Title State: _____ Odometer: _____
 Year: _____ Make: _____
 Body: _____ Color: _____
 Audit #: _____ Region #: _____

Please mark the appropriate answer:

Secondary VIN Verified Yes No
 Federal Decal Yes No
 Replacement VIN Plate/Decal Yes No
 Vehicle Painted Prior to Inspection Yes No
 This ASPT/Vehicle resembles a: _____
 Odometer Replacement Notice: Yes No
 Mobile Home Use Only: Mobile Home was measured

FRVIS Yes No
 Previous Rebuilt Title Yes No
 NICB Check Yes No
 Tax Due On: _____
 Component Parts Marked Yes No
 Flood Damaged Yes No
 Theft Yes No
 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 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/Agy # _____ Date _____

