vitu

Cover Sheet - FL

Process Date	Transaction Id
10/12/2026	193129131
Titling State	**Military**
FL	N

3FTTW8S39TRA97138 2026 FORD
New Truck

Vehicle Info

Model: Maverick
Body Type: Pickup
GVW:
Fuel Type: Hybrid - Gas
Odometer Reading: 129

Sale Information

Purchase Date: 09/29/2026
Sale Type: Purchase
Taxable Selling Price: 12,009.50
MSRP:
List Price:
Trade in Value: 30,334.50

Owner Info

Owner 1 Name: ROBERT HEADLEE
Owner 2 Name:
Residence Address: 5753 HIGHWAY 85 N 4052, CRESTVIEW, Okaloosa, FL, 32536
Lessor Name:
Address:

Lienholder Info

Lienholder 1 Name: TD BANK, N.A.
Address: PO BOX 675, WILMINGTON, CLINTON, OH, 45177
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

Registration Information

Application Type: Title Only
Registration Action:
Registration Period:
Plate Number:
Expiration Date:

Final Destination

Send to:
Phone:
Mailing Address:

Fee Summary

TITLE FEE	$79.75
FL STATE TAX (6%)	$720.57
FL DISCRETIONARY SURTAX (1%)	$50.00
VITU FULL SERVICE FEE	$105.00
FL STATE VARIABLE FEES	$.00
Total	**$955.32**

Submitted By: Blake Brown
Phone: (678)230-0149
Location: Stivers Ford Of Birmingham
Address: 500 Palisades Blvd, Birmingham, Jefferson, AL, 35209

Pre-Checker Name

Comments / Resolution:

RECEIVED
OCT 15 2026
BY: KF

For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

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CNTY#	AGY#	SUB#	RPT#
46	2	TC33RSL	7144
AUDIT #			

STATE OF FLORIDA
APPLICATION FOR VEHICLE / VESSEL CERTIFICATE OF TITLE

L#
T# 2392224809
B# 52064186
S# 122772911

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR.	MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR		WT/LENGTH	PRINCPL OPERAT	GVW/LOC
165317706	3FTTW8S39TRA97138	2026	FORD		PK	WHI		3837		

DATE OF ISSUE MO.	DAY	YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
10	26	26	ORT	PRIVATE								

Applicant/Owner's Name & Address
ROBERT WAYNE HEADLEE
5753 HIGHWAY 85 N 4052
CRESTVIEW, FL 32536

SEX	BIRTHDATE MO.	DAY	YEAR	RESIDENT Y	N	ALIEN	CNTY RES.#
M	08	04	54	X			43

1st OWNER FL/DL # OR F.E.I.D.#: H340779542840
2nd OWNER FL/DL # OR UNIT #:

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	93.00	530.38	628.13

Action Requested: ORIG NEW TITLE
RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
	09/29/2023	XX		129 MILES 09/29/2026 ACTUAL	☐

LIEN INFORMATION

	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ELT	09/29/2026	10/26/2026	10137770-31	205558892

NAME OF FIRST LIENHOLDER:
TD BANK NA
ADDRESS
ELECTRONIC LIEN

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED

☐ **PURCHASER HOLDS VALID EXEMPTION CERTIFICATE**
☐ **VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL**
☐ **OTHER** REGULAR

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS $ 12,009.50

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES $ 530.38

☒ **SELLING PRICE VERIFIED**

APPLICANT CERTIFICATION

_____ **I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.**

_____ **I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.**

_____ **I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.**

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

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

_____ Signature of Applicant/Owner

_____ Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.