

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

CITY OF KEY WEST
PO BOX 1409
KEY WEST, FL 33041

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 38 / 1

T# 862463346
B# 932086

PLATE **XE4705** DECAL
YR/MK **2008/MEDT** BODY **AM**
VIN **1FDXE45P68DB59764**
Plate Type **CVR** NET WT **10880**
DL/FEID **596000346-01**
Date Issued **7/9/2015** Plate Issued **7/9/2015**

Expires **NO EXPIRATION**

COLOR **RED**
TITLE **103221918**

Reg. Tax 36.30 Class Code 97
Init. Reg. Tax Months 12
County Fee 2.50 Back Tax Mos
Mail Fee Credit Class
Sales Tax Credit Months
Voluntary Fees
Grand Total 38.80

CITY OF KEY WEST
PO BOX 1409
KEY WEST, FL 33041

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

CVR - CITY VEHICLES PLATE ISSUED X

38 1 SYS 4144
AUDIT # 118075784



STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE

L# 1487603
T# 862463247
B# 932086
S# 37527454

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVWLOC		
103221918	1FDXE45P68DB59764	2008	MEDT	AM	RED	10880			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
07 09 15	TRT	PRIVATE							

Applicant/Owner's Name & Address
CITY OF KEY WEST
PO BOX 1409
KEY WEST, FL 33041

BIRTHDATE SEX MO. DAY YEAR	RESIDENT Y N ALIEN	CNTY RES.#
	X	38
1st OWNER FL/DL# OR F.E.I.D.#	2nd OWNER FL/DL# OR UNIT #	
596000346-01		

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
7.75	77.50	0.00	85.25

Action Requested: TRANSFER TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	06/24/2015		XX	66,107 MILES 06/24/2015 ACTUAL	<input type="checkbox"/>

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
NAME OF FIRST LIENHOLDER:				
ADDRESS	SALVAGE TYPE			

SELLER INFORMATION	CONSUMER OR SALES TAX EXEMPTION #
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER	
ADDRESS	
DEALER LICENSE NO.	

SALES TAX AND USE REPORT	INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS	\$
TRANSFER OF TITLE <input type="checkbox"/> PURCHASER HOLDS VALID IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED <input checked="" type="checkbox"/>	INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES	0.00
<input type="checkbox"/> EXEMPTION CERTIFICATE		
<input type="checkbox"/> VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL		
<input checked="" type="checkbox"/> OTHER		
	<input type="checkbox"/> 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.

T# 862463247
B# 932086

Identification Number 1FDXE45P68DB59764	Year 2008	Make MEDT	Body AM	WT-L-BHP 10880	Vessel Regls. No.	Title Number 103221918
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Registered Owner:
CITY OF KEY WEST
PO BOX 1409
KEY WEST, FL 33041

Date of Issue 07/09/2015

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titinf.html>

Mail To:
CITY OF KEY WEST
PO BOX 1409
KEY WEST, FL 33041

CERTIFICATE OF TITLE

Identification Number 1FDXE45P68DB59764	Year 2008	Make MEDT	Body AM	WT-L-BHP 10880	Vessel Regls. No.	Title Number 103221918	Lien Release Interest in the described vehicle is hereby released
Prev State FL	Color RED	Primary Brand	Secondary Brand	No of Brands	Use PRIVATE	Prev Issue Date 10/13/2009	By _____
Odometer Status or Vessel Manufacturer or OH use 66,107 MILES 06/24/2015 ACTUAL			Hull Material	Prop	Date of Issue 07/09/2015	Date _____	

Registered Owner
CITY OF KEY WEST
PO BOX 1409
KEY WEST, FL 33041

1st Lienholder
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Clayton B. Walden

Clayton Boyd Walden
Director

Terry L. Rhodes

Terry L. Rhodes
Executive Director

Control Number **118075784**
38 / 1 118075784

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: _____ Address: _____

Seller Must Enter Selling Price: _____ Seller Must Enter Date Sold: _____

I/We state that this 5 or 6 digit odometer now reads _____ (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading 1 reflects ACTUAL MILEAGE 2 is IN EXCESS OF ITS MECHANICAL LIMITS 3 is NOT THE ACTUAL MILEAGE

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

SELLER Must Sign Here: _____

CO-SELLER Must Sign Here: _____

Print Here: _____

Print Here: _____

Selling Dealer's License Number: _____ Tax No.: _____ Tax Collected: _____

Auction Name: _____ License Number: _____

PURCHASER Must Sign Here: _____

CO-PURCHASER Must Sign Here: _____

Print Here: _____

Print Here: _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

STATE OF FLORIDA

LIEN SATISFACTION

VOID IF ALTERED

VOID IF ALTERED

FLORIDA

XEVA705

CITY



HALL-MARK FIRE APPARATUS, INC.

3431 NW 27th Avenue, Ocala, FL 34475 PH. 352-629-6305

INVOICE

NUMBER	DATE
T-8DB59764	6/24/2015

WIRE TRANSFER INSTRUCTIONS:

Community Bank & Trust of Florida
 P. O. Box 1570 Ocala, Florida 34478
 ABA No. 063114360
 For the credit of:
 HALL-MARK FIRE APPARATUS, INC.
 ACCOUNT No. 0642009333

SOLD TO:
 Key West Fire Department
 1600 N. Roosevelt Blvd.
 Key West, FL 33040

SHIP TO:
 Key West Fire Department
 1600 N. Roosevelt Blvd.
 Key West, FL 33040

PO NO.	VIN #	SHIP VIA	PAYMENT TERMS	
077785	1FDXE45P68DB59764	Best Way	Due Upon Receipt	
QTY	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	1	2008 Medtech Rescue Unit	\$ 8,209.00	\$ 8,209.00
<p>HALL-MARK FIRE APPARATUS, INC. RESERVES A SECURITY INTEREST IN THE ABOVE-DESCRIBED PROPERTY AND ALL ADDITIONS THERETO THE BUYER ABOVE NAMED, IRREVOCABLY APPOINTS SELLER OR ITS ATTORNEYS AS ITS AGENTS FOR THE PURPOSE OF PERFECTING THE SECURITY INTEREST IN ANY JURISDICTION WHATSOEVER. UPON FULL PAYMENT, THIS SECURITY INTEREST SHALL BE VOID</p>				
			TOTAL DUE	\$ 8,209.00

OK to pay
 po# 77785
 E. Perez 6/29/15

TERMS AND CONDITIONS OF SALE BY HALL-MARK FIRE APPARATUS, INC.

- Interest will be assessed at the rate of 1.5% per month (18% per year) or the maximum legal rate, whichever is less, on unpaid invoices from the due date thereof
- Remittance will be received by a bank simply as a clearing agency. The receiving bank has no authority to determine whether or not the amount constitutes payment in full. Remittances marked to indicate payment in full will be deposited by the bank notwithstanding such markings and such deposit shall not indicate our acceptance of the remittance as payment of all sums owed
- Any Manufacturers Tax, Retailer's Occupation Tax, Sales Tax, Excise Tax, Duty, Custom, Inspection or Testing Fee, or other tax, fee or charge of any nature whatsoever imposed by any government or authorized authority, on or measured by any transactions between HALL-MARK FIRE APPARATUS, Inc. and purchaser, shall be paid by Purchaser. In the event HALL-MARK FIRE APPARATUS, Inc. shall be required to pay any such tax, fee or charge, purchaser shall reimburse HALL-MARK FIRE APPARATUS, Inc. thereon
- Seller represents that with respect to the production of the material and/or the performance of the services covered by this invoice, it has fully complied with the requirements of the Fair Labor Standards Act of 1938 as amended