

PRIOR to completion of DMS Form MP6401, review Rule [60B-3](#), F.A.C., Disposal of Motor Vehicles, Watercraft, and Aircraft. Along with this form, required information needed to be submitted can be found [HERE](#).

A. REQUESTOR

Department: _____ Request #: _____
Division: _____ Date: _____
Name: _____ Title: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

B. MOTOR VEHICLE(S) OR MOBILE EQUIPMENT CONTACT AND LOCATION

Is this information the same as *Section A. Requestor*? ☐ Yes ☐ No

If no, please complete the following:

Name: _____ Title: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Location Phone: _____ Location City: _____

C. DESCRIPTION OF MOTOR VEHICLE(S) OR MOBILE EQUIPMENT TO BE DISPOSED

Tag/Property #	Year	Make	Model	Vehicle Type (Sedan, Pickup, Van, etc.)	VIN/Serial #	# Miles/Hours

Status of Equipment: ☐ Operational ☐ Non-Operational *If other, please explain:*
If Non-Operational, specify if: ☐ Wrecked ☐ Burned ☐ Other

D. RECALL INFORMATION

Does this motor vehicle or mobile equipment have an active recall? ☐ No ☐ Yes

If yes, please explain:

G. APPROVER OR DELEGATE

Name: _____
Title: _____

Authorized Signature: _____
Authorized signature certifies that the above information is true and correct.

MP6401s should be sent electronically (email):
Dena.Gilmore@dms.fl.gov

Mail/Interoffice all Titles/Certificate of Origins/Bill of Sales to:
Dena Gilmore
4050 Esplanade Way, Suite 380
Tallahassee, FL 32399-0950

FAILURE TO COMPLETE ALL APPLICABLE SECTIONS WILL DELAY PROCESSING OF THIS REQUEST.