

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**AFFIDAVIT FOR GOLF CART MODIFIED TO A LOW SPEED VEHICLE**

Florida Assigned FLA VIN: \_\_\_\_\_

The undersigned hereby certifies that the golf cart modified to a low speed vehicle conforms to Federal Regulations under Title CFR Part 571.500 and 316.2126, Florida Statutes, including but not limited to the following:

- Headlamps
- Stop lamps
- Tail lamps
- Rear license plate bracket with either a tail lamp or a separate lamp constructed and placed to illuminate with a white light the rear registration plate and render it clearly legible from a distance of 50 feet to the rear
- Front and rear turn signal lamps
- Windshield with an AS1 or AS4 composition
- Type 1 or Type 2 seat belt assembly conforming to section 571.209 of this part, Federal Motor Vehicle Safety Standard No. 209, Seat belt assemblies at each designated seating position
- An exterior mirror mounted on the driver's side of the vehicle and either an exterior mirror mounted on the passenger's side of the vehicle or an interior mirror
- Parking Brakes
- Reflex reflectors: one red on each side as far to the rear as practicable, and one red on the rear
- Windshield cleaning device pursuant to 316.2952(3)(4), Florida Statutes
- Horn pursuant to 316.271(1), Florida Statutes
- Slow Moving Vehicle Emblem (SMV) pursuant to 316.2225(7)(a)(b), Florida Statutes
- Top speed is greater than 20 MPH but not greater than 25 MPH pursuant to 320.01(42), Florida Statutes (it can be gasoline or electrical/battery powered)
- Requirement of a weight slip (The Gross Vehicle Weight Rating cannot exceed 3,000 lbs. The GVWR includes the net weight of the vehicle, plus the rated cargo load, plus 150 lbs. times the number of seating positions equipped with seat belts)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE. FURTHER, I AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT (OWNER)

\_\_\_\_\_  
SIGNATURE OF APPLICANT (CO-OWNER)

\_\_\_\_\_  
PRINTED NAME OF APPLICANT (OWNER)

\_\_\_\_\_  
PRINTED NAME OF APPLICANT (CO-OWNER)

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

[www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)

1		OWNER / APPLICANT INFORMATION			
Customer Number	Check this box if you are requesting the certificate of title to be printed. <input type="checkbox"/>	Owner Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no	Co-Owner Are you a Florida resident? <input type="checkbox"/> yes <input type="checkbox"/> no Are you an alien? <input type="checkbox"/> yes <input type="checkbox"/> no	Unit Number	Fleet Number

☐ OR ☐ AND **NOTE:** When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. If neither box is checked, the title will be issued with "and."

If applicable: ☐ Life Estate/Remainder Person ☐ Tenancy By the Entirety ☐ With Rights of Survivorship ☐ Owner's County of Residence:

Owner's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Owner's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #	
Co-Owner/Lessee's Name As It Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's/Lessee's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #	
Owner's Mailing Address (Mandatory unless a member of the Military)		City			State	Zip	
Co-Owner's/Lessee's Mailing Address (Mandatory unless a member of the Military)		City			State	Zip	
Owner's/Lessee's Physical Street Address in Florida (Mandatory unless a member of the Military)		City			State	Zip	
Mobile Home Physical Address (if applicable) Check if in a mobile home rental park with 10 or more lots. <input type="checkbox"/>		City			State	Zip	
Mail To Customer Name (If different From Above Owner)		Mail To Customer's Email Address		Date of Birth	Sex	FL Driver License or FEID/Suffix #	
Mail To Customer Address (If different From Above Mailing Address)		City			State	Zip	

Vehicle/Vessel Identification Number FLA	Make/Manufacturer ASPT	Year	Body	Color	Florida Title Number
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Previous State of Issue		License Plate or Vessel Registration Number		Weight		Length Ft.      In.		BHP/CC		GW/LOC		VAN USE, IF APPLICABLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER	
<b>TYPE</b> <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat    Specify _____				<b>HULL MATERIAL</b> <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ Specify _____		<b>PROPULSION</b> <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ Specify _____				<b>FUEL</b> <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ Specify _____		<b>*DRAFT OF VESSEL</b> (The depth of water a vessel draws)  FT. _____ IN. _____ *For all vessels 26' or more in length and all sailboats	
<b>USE OF VESSEL</b> <input type="checkbox"/> Recreational (Pleasure) <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Government <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Other _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Hire (Livory) <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Spiny Lobster												<b>PREVIOUS OUT-OF-STATE REGISTRATION NUMBER:</b>	
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Canceled Documentation Papers										State of Principal Use			

<input type="checkbox"/> SHORT TERM LEASE	<input type="checkbox"/> LONG TERM LEASE	<input type="checkbox"/> REBUILT	<input type="checkbox"/> POLICE VEHICLE	<input type="checkbox"/> PRIVATE USE	<input type="checkbox"/> TAXI CAB	<input type="checkbox"/> FLOOD	<input type="checkbox"/> ILEV	<input type="checkbox"/> CUSTOM
<input checked="" type="checkbox"/> ASSEMBLED FROM PARTS	<input type="checkbox"/> BONDED TITLE	<input type="checkbox"/> KIT CAR	<input type="checkbox"/> GLIDER KIT	<input type="checkbox"/> MANUF. BUY BACK	<input type="checkbox"/> REPLICA	<input type="checkbox"/> AUTONOMOUS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> STREET ROD

CHECK IF ELT CUSTOMER <input type="checkbox"/>	<input type="checkbox"/> FEID # <input type="checkbox"/> DL # and Sex and Date of Birth <input type="checkbox"/> DMV Account #	Date of Lien	Lienholder's Name		
Lienholder's Email Address		Lienholder's Address		City	State    Zip

If Lienholder authorizes the Department to send the motor vehicle or mobile home title to the owner, check box and countersign: \_\_\_\_\_  
(Does not apply to vessels). If box is not checked, title will be mailed to the first lienholder. (Signature of Lienholder's Representative)

IF OWNERSHIP HAS TRANSFERRED, HOW AND WHEN WAS THE VEHICLE, MOBILE HOME, OR VESSEL ACQUIRED?

☐ SALE    ☐ GIFT    ☐ REPOSSESSION    ☐ COURT ORDER    ☐ OTHER (SPECIFY) \_\_\_\_\_ DATE ACQUIRED \_\_\_\_/\_\_\_\_/\_\_\_\_

WARNING: Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

**WARNING:** Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I/WE STATE THAT THIS ☐ 5 OR ☐ 6 DIGIT ODOMETER NOW READS    ,    .XX (NO TENTHS) MILES, DATE READ \_\_\_\_/\_\_\_\_/\_\_\_\_ AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE THE ODOMETER READING:

☐ 1. REFLECTS ACTUAL MILEAGE ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. IS NOT THE ACTUAL MILEAGE.

FLORIDA SALES TAX REGISTRATION NUMBER		DATE OF SALE	DEALER LICENSE NUMBER	AMOUNT OF TAX	DEALER / AGENT SIGNATURE
YEAR OF TRADE IN	MAKE OF TRADE IN		TITLE NUMBER OF TRADE IN (IF KNOWN)	VEHICLE IDENTIFICATION NUMBER OF TRADE IN	

8 MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER (VIN) (OR THE MOTOR NUMBER FOR MOTOR VEHICLES MANUFACTURED PRIOR TO 1955) OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR FLORIDA DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. IF THE VIN IS VERIFIED BY AN OUT OF STATE MOTOR VEHICLE DEALER, THE VERIFICATION MUST BE SUBMITTED ON THEIR LETTERHEAD STATIONERY. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT CURRENTLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: \_\_\_\_\_ (Vehicle Identification Number)

DATE SIGNATURE PRINTED NAME

Law Enforcement Officer or Florida Dealer/Agency Name Badge # or Florida Dealer # Notary Stamp or Seal

FL DMV/Tax Collector Employee Florida Compliance Examiner/Inspector Badge or ID Number

COMMISSIONED NAME OF FLORIDA NOTARY: NOTARY'S SIGNATURE (Print, Type or Stamp)

9 SALES TAX EXEMPTION CERTIFICATION

THE PURCHASE OF A RECREATIONAL VEHICLE TO BE OFFERED FOR RENT AS LIVING ACCOMMODATIONS DOES NOT QUALIFY FOR EXEMPTION. I CERTIFY THE RECREATIONAL VEHICLE, MOBILE HOME OR VESSEL DESCRIBED HAS BEEN PURCHASED AND IS EXEMPT FROM THE SALES TAX IMPOSED BY CHAPTER 212, FLORIDA STATUTES, BY:

PURCHASER (STATE AGENCIES, COUNTIES, ETC.) HOLDS VALID EXEMPTION CERTIFICATE CONSUMER'S CERTIFICATE OF EXEMPTION NUMBER

MOTOR VEHICLE MOBILE HOME VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL SALES TAX REGISTRATION NUMBER

I hereby certify that ownership of the motor vehicle, mobile home or vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason: INHERITANCE GIFT

DIVORCE DECREE TRANSFER BETWEEN HUSBAND AND WIFE EVEN TRADE OR TRADE DOWN (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address, below under "Other: Explain.")

OTHER: (EXPLAIN)

10 REPOSSESSION DECLARATION

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

- I CERTIFY THAT THIS MOTOR VEHICLE, MOBILE HOME OR VESSEL WAS REPOSSESSED UPON DEFAULT IN THE TERMS OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.  
(VESSEL) A PHOTOCOPY OF THE LIEN INSTRUMENT FOR THE VESSEL IS REQUIRED AND ATTACHED.  
I AM REQUESTING THAT AN ORIGINAL CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME IN LIEU OF A TITLE (REPOSSESSION).  
I AM REQUESTING THAT A DUPLICATE CERTIFICATE OF REPOSSESSION BE ISSUED FOR THE MOTOR VEHICLE OR MOBILE HOME, AS THE ORIGINAL HAS BEEN LOST OR DESTROYED.

11 NON-USE AND OTHER CERTIFICATIONS

IF CHECKED, THE FOLLOWING CERTIFICATIONS ARE MADE BY THE APPLICANT:

- I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.  
THE VEHICLE IDENTIFIED WILL NOT BE OPERATED ON THE STREETS AND HIGHWAYS OF THIS STATE UNTIL PROPERLY REGISTERED.  
THE VESSEL IDENTIFIED WILL NOT BE OPERATED ON THE WATERS OF THIS STATE UNTIL PROPERLY REGISTERED.  
OTHER: (EXPLAIN)

12 APPLICATION ATTESTMENT AND SIGNATURES

I/WWE PHYSICALLY INSPECTED THE ODOMETER/VIN AND FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS. (More than one form HSMV 82040 may be used for additional signatures.)

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) Date SIGNATURE OF APPLICANT (CO-OWNER) Date

13 RELEASE OF SPOUSE OR HEIRS INTEREST

The undersigned person(s) state(s) as follows: That \_\_\_\_\_ died on \_\_\_\_\_ (Name of Deceased) (Date)

- testate (with a will) intestate (without a will) and left the surviving heir(s) named below.  
When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

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

(More than one form HSMV 82040 may be used for additional signatures.)

Print or Type Name of Spouse, Co-owner or Heir(s)

Signature of Spouse, Co-Owner or Heir(s)

That at the time of death the decedent was owner of the motor vehicle, mobile home or vessel described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle, mobile home or vessel to:

Name of Applicant(s) (Print or Type)

RESIDENTS OF FLORIDA AND ALL VESSEL OWNERS, RESIDING IN FLORIDA OR OUT OF STATE, SHOULD SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION TO A LOCAL FLORIDA TAX COLLECTOR'S OFFICE OR THE FLORIDA TAX COLLECTOR'S OFFICE LOCATED IN THE APPLICANT'S COUNTY OF RESIDENCE FOR PROCESSING.

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/> [www.flhsmv.gov](http://www.flhsmv.gov)



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. ASPT FLA  
Year Make Identification Number Color Body Length
2. Title Number: \_\_\_\_\_ Title State: \_\_\_\_\_
3. Other/Title Number: \_\_\_\_\_ Title State: \_\_\_\_\_
4. 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.

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
CART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
WINDSHIELD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
SEAT BELTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MIRRORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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: \_\_\_\_\_

### 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  
HSMV 84490 (Rev. 08/11)

Date

<b>SECTION IV. APPLICANT INFORMATION AND SIGNATURE</b>
--

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	CITY
STATE	STATE
ZIP	ZIP
TELEPHONE NUMBER: _____	TELEPHONE NUMBER: _____
SIGNATURE OF APPLICANT/BUSINESS	SIGNATURE OF APPLICANT/BUSINESS

<b>SECTION V. OFFICE USE ONLY</b>
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*Signature below only attests to the inspection and does not apply to verification of Sections I, II, III or IV completed by applicant.*

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 ☐ Yes ☐ NoFederal Decal ☐ Yes ☐ NoReplacement VIN Plate/Decal ☐ Yes ☐ NoVehicle Painted Prior to Inspection ☐ Yes ☐ No

This ASPT/Vehicle resembles a: \_\_\_\_\_

Mobile Home Use Only: ☐ Mobile Home was measured ☐

Comments: \_\_\_\_\_

FRVIS ☐ Yes ☐ NoPrevious Rebuilt Title ☐ Yes ☐ NoNICB Check ☐ Yes ☐ No

Tax Due On: \_\_\_\_\_

Component Parts Marked ☐ Yes ☐ NoFlood Damaged ☐ Yes ☐ NoTheft ☐ Yes ☐ No☐ With Tongue or ☐ 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 Inspector	
Print Name of Inspector	Date

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

**STATEMENT OF BUILDER**  
(Additional Sheet)

☐ REBUILT ☒ ASPT ☐ COMBINED ☐ KIT CAR ☐ OTHER: \_\_\_\_\_

SECTION I. Description of: ☐ MOTOR VEHICLE ☐ MOTORCYCLE ☐ MOBILE HOME

1. ASPT FLA  
Year Make Identification Number Color Body Length

SECTION II. MAJOR COMPONENT PARTS USED IN THE BUILDING/REPAIR PROCESS

2. Please continue to list the major component parts used in the building/repair process.

<u>Part</u>	<u>New</u>	<u>Used</u>	<u>Repaired</u>	<u>After Market</u>	<u>Homemade</u>	<u>Source/VIN</u>
REFLECTORS						
WIPERS						
HORN						
SMV EMBLEM						

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.

[illegible]

## Date: \_\_\_\_\_

PRINTED NAME OF APPLICANT/BUSINESS

SIGNATURE OF APPLICANT/BUSINESS

HSMV 84491 (Rev. 8/11)