

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

**A. REQUESTER**

Department: _____	Request #: _____
Division: _____	Date: _____
Name: _____	Title: _____
Address: _____	City: _____ Zip: _____
Phone: _____	Fax: _____
Email: _____	Is the <b>Requester</b> public records exempt per Chapter 119, F.S.? <b>Yes</b> <b>No</b>

**B. MOTOR VEHICLE, WATERCRAFT, AIRCRAFT OR MOBILE EQUIPMENT CONTACT AND LOCATION**

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

*If no, please complete the following:*

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

Is the **Contact** public records exempt per Chapter 119, F.S.?    **Yes**    **No**

**C. DESCRIPTION OF MOTOR VEHICLE, WATERCRAFT, AIRCRAFT OR MOBILE EQUIPMENT TO BE DISPOSED**

Tag/Property #	Year	Make	Model	Vehicle Type (Sedan, SUV, Boat, 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, watercraft, aircraft or mobile equipment have an active recall?    ☐ **No**    ☐ **Yes**

*If yes, please explain:*

**E. APPROVER OR DELEGATE**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Authorized signature certifies that the above information is true and correct.*

MP6401s should be sent electronically (email):

Disposals@dms.fl.gov

Mail/Interoffice all Titles/Certificate of Origins/Bill of Sales to:

Fleet Management/Disposals  
4050 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950

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