



**STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
2900 APALACHEE PARKWAY,
NEIL KIRKMAN BUILDING, MS 66
TALLAHASSEE, FLORIDA 32399-0640
850/617-3004**



MOBILE HOME DEALER/INSTALLER LICENSE APPLICATION

Pursuant to section 320.8249, Florida Statutes, I hereby make application for a license to install new and/or used manufactured/mobile homes.

Original **Renewal** **Change of Mailing Address**

PRINT/TYPE

DH License # _____

DMV USE ONLY

Business Name: _____

License Number

Mailing Address: _____

Date Issued

Business Phone Number

City

County

State

Zip Code

Physical Address (if different from above): _____

Bond

E-Mail Address: _____

Insurance

Name of Class & Exam Attendant: _____

Taken Class

Attendant Driver License #: _____ Date of Birth: _____

Passed Exam

Approved/Denied

Original Application: \$200.00 for Application and License Fees
(If license is denied for any reason \$150 license fee will be refunded to applicant.)

Renewal Application: \$150.00 for License Fee received by October 1.
(After October 1, additional \$50.00 late fee charged.)

Change of Address: No Fee

Initials _____

I hereby certify by my signature that I have not been convicted or found guilty of, or enter a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of mobile home installation or the ability to practice. That information I have provided in this application is true and correct. I agree to abide by all laws of Florida, including Chapter 320, Florida Statutes and all applicable rules, policies and procedures of the Department of Highway Safety and Motor Vehicles.

Application Fee

I understand that any false information provided on this form and/or any violations of Florida Statute 320.8249 may result in disciplinary penalties imposed by the department. I further understand that I must meet all zoning, permitting and occupational license requirements that may be mandated by city or county ordinances.

Date Received

License Fee

Date Received

Signature (Officer of Dealership)

Date