

State of Florida
Department of Highway Safety and Motor Vehicles
Division of Motor Vehicles, Bureau of Field Operations

APPLICATION FOR LICENSE REPRINT

License Number

DATE: _____

Dealer or Manufacturer Name (as it appears on license being returned)

Mailing Address

Physical Address

Correct to Read

Explanation of Reason for Reissuing

Signature of Regional Administrator or Field Supervisor

(DMV Use Only)

Forms control number _____ voided and license reflecting

forms control number _____ printed and mailed to dealer/manufacturer.

Date: _____ Initials: _____

This form is to be used for reissuing a license when the Division of Motor Vehicles has made an error in printing the original license or the license has been lost, stolen, or destroyed.

If the license is being reprinted due to a printing error, the incorrect license must be submitted with this application/affidavit.