

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



WILTON SIMPSON
COMMISSIONER

**MOTOR VEHICLE REPAIR
REGISTRATION APPLICATION**

Section 559.904, Florida Statutes
Rule 5J-12.002, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

Submit and Pay Online at
www.FDACS.gov
or
Make Non-Refundable check or
money order payable to FDACS and
remit with application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application may be subject to public review pursuant to Chapter 119, F.S.
PLEASE TYPE OR PRINT.

Business Information

Please Select one: New Filing Change of Owner: _____ Renewal _____
(If you have recently purchased an existing motor vehicle repair shop, please check both boxes) Previous MV# _____ MV# _____ DTN# _____

1. **Business Name** (If applicant is not an individual, state legal name as registered with the Florida Department of State, Division of Corporations):

2. **Fictitious (DBA) Name** (as registered with the Florida Department of State, Division of Corporations):

3. **Federal Employer ID Number (FEIN):** _____

Form of Organization:

Sole Proprietorship Corporation Partnership Limited Liability Company

Other (please describe): _____

4. **Business Street Address** (include APT or SUITE # in all address lines):

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above):

City: _____ State: _____ Zip Code: _____

Telephone Number:
(_____) _____ - _____

Fax Number:
(_____) _____ - _____

Email Address (required): _____

Website: _____

F&A Use Only

Motor Vehicle Repair
Org Code: 42 10 06 25 000
EO: A2
Object Code: 001161 \$100/\$300/\$600

5. Enter the name and address of the individual owner, or all general partners, or all corporate officers and directors.
(Attach additional copies as needed using the same format) [s. 559.904(10), F.S.]

Name:	Title:
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Address:	
<hr/>	
City:	State: Zip Code:
<hr/>	<hr/>
Telephone Number:	
() -	

Name:	Title:
<hr/>	
Address:	
<hr/>	
City:	State: Zip Code:
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Telephone Number:	
() -	

6. Check **Yes** or **No** for each response. If **Yes**, provide on a separate sheet, the name of such person, the nature of the offense, the court having jurisdiction, the disposition of the offense, the date of disposition, and any other pertinent information. Have any persons listed in question #5:

- Yes** **No** Failed to satisfy a civil fine, administrative fine, or other penalty arising out of any administrative or enforcement action brought by any governmental agency based upon conduct involving fraud or dishonest dealing, or any violation of the Florida Motor Vehicle Repair Act;
- Yes** **No** Had against them any civil, criminal, or administrative adjudication in any jurisdiction within the last five (5) years based upon conduct involving fraud, dishonest dealing, or any violation of the Florida Motor Vehicle Repair Act;
- Yes** **No** Had a judgment entered against them within the last five (5) years in any action brought by the department or the state attorney pursuant to the Florida Deceptive and Unfair Trade Practices Act or the Florida Motor Vehicle Repair Act.

Additional Requirements

7. Please submit copies of all licenses, permits, and certifications obtained by the applicant or employees of the applicant.
[s. 559.904(1)(d), F.S.]
8. _____ Number of employees which the applicant intends to employ, or which are currently employed. *[s. 559.904(1)(e), F.S.]*
9. A copy of your Estimate and Invoice Forms. *[s. 559.904(4), F.S.]*

For renewals: Has your Estimate and Invoice Form been changed, altered, or revised? Yes No

If Yes, you must submit a copy of your Estimate and Invoice Form for approval. See the Estimate and Invoice Requirements for statutorily required provisions and sample Estimate and Invoice forms at <https://www.FDACS.gov/Business-Services/Motor-Vehicle-Repair>.

Fees

10. NO FEE IS REQUIRED if your repair shop is located in **BROWARD COUNTY** or **MIAMI-DADE COUNTY**, or your shop is a licensed **MOTOR VEHICLE DEALER**, and you provide the following:

- BROWARD COUNTY** shops must attach a copy of their current Broward AR or AB license to this application. There are ____ individuals who perform repairs at this location.
- MIAMI-DADE COUNTY** shops must attach a copy of their current Miami-Dade MVR registration to this application. There are ____ individuals who perform repairs at this location.
- MOTOR VEHICLE DEALERS** licensed by the Florida Department of Highway Safety and Motor Vehicles must attach a copy of their current DHSMV license to this application.

***IF YOU ARE UNABLE TO ATTACH A CURRENT COPY OF YOUR LICENSE OR CERTIFICATE
YOU MUST USE THE FEE SCHEDULE LISTED BELOW.***

11. Biennial Registration Fee Schedule. Select one.

- 1 – 5 individuals who perform repairs at this location **\$100 for two-year registration**
- 6 – 10 individuals who perform repairs at this location **\$300 for two-year registration**
- 11 or more individuals who perform repairs at this location **\$600 for two-year registration**

NOTE: Active duty military, honorably discharged veterans, military spouses or surviving spouses may be eligible for a waiver of the registration fee. See section 559.904(3), Florida Statutes, and rule 5J-12.002, Florida Administrative Code for eligibility requirements.

Application Certification

I am empowered to execute this application on behalf of the above-named entity or individual.	
_____ Prepared By (please print name)	_____ Preparer's Email Address
_____ Title	_____ Telephone Number
_____ Signature of Applicant	_____ Date