



Office of Insurance Regulation

Licensee: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 \_\_\_\_\_

APPLICATION for LICENSE  
CONTINUANCE

MOTOR VEHICLE SERVICE  
AGREEMENT COMPANY

For the period: 03/01/20 \_\_ \_\_ to 02/2 \_\_ /20 \_\_ \_\_

Federal Employer ID Number: \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_ \_

FL Company Code: \_ \_ \_ \_ \_

Due by March 1

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS MOTOR VEHICLE SERVICE AGREEMENT COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____ President's Name	_____ Signature	_____ Date
_____ Secretary's Name	_____ Signature	_____ Date
_____ Treasurer's Name	_____ Signature	_____ Date

**INSTRUCTIONS:**

1. If you wish to renew, complete and sign this application, detach it from this report and forward it along with your remittance in the amount of \$100.00 made payable to the **Florida Department of Financial Services**.
2. The application and remittance must be sent to:

Florida Department of Financial Services  
 Revenue Processing Section  
 Post Office Box 6100  
 Tallahassee, Florida 32314-6100

3. The renewal application and remittance must be received on or before March 1.

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$100.00	10	33	L	3002