

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**HOUSEHOLD MOVING SERVICES
REGISTRATION APPLICATION**

Chapter 507, Florida Statutes
Rule 5J-15.001, Florida Administrative Code

Florida Department of Agriculture and Consumer Services
Household Moving Services Registration Application

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If you have any questions, please contact the department at 1-800-HELP-FLA (435-7352), (850) 410-3800, or via fax at (850) 410-3804.

Instructions and Checklist for Completing the Registration Application

No person may engage in the intrastate moving of household goods, moving of goods from one location in Florida to another location in Florida ('mover'), or arrange or refer a shipper to a mover for compensation ('broker') without first complying with the requirements of Chapter 507, F.S. and obtaining approval from the Florida Department of Agriculture and Consumer Services (FDACS) of the registration application. Registration fee is \$600.00 for 2 years and is non-refundable. Renewal applications will be mailed 45 days before the expiration of this registration and the renewal application must be received on a form provided by the department prior to the expiration date. A person may not act as a mover or broker after the expiration, suspension, or cancellation of the registration. **THIS FORM IS FOR NEW REGISTRATIONS ONLY; IF YOU HAVE PREVIOUSLY REGISTERED WITH THE DEPARTMENT YOU MUST USE THE RENEWAL FORM THAT WAS MAILED TO YOU BY THE DEPARTMENT.**

MILITARY FEE WAIVER FOR INITIAL REGISTRATION

The department shall waive the initial registration fee for an honorably discharged veteran of the United States Armed Forces, the spouse of such a veteran, or a business entity that has a majority ownership held by such a veteran or spouse if the department receives FDACS-10960, Household Moving Services Registration Application, Rev. 10/16, FDACS-10991, Military Veteran Fee Waiver Request, 10/16, and required documentation within 60 months after the date of the veteran's discharge from any branch of the United States Armed Forces. FDACS-10991, Military Veteran Fee Waiver Request, 10/16, is incorporated by reference in rule 5J-26.001, F.A.C. Please see s. 507.03(3)(b), F.S., for waiver qualifications.

APPLICATION CHECKLIST AND INSTRUCTIONS

Item # 1

If the applicant is not an individual, provide the legal name of the organization exactly as it appears in its articles of incorporation or organizational document. If using a fictitious or trade name (DBA) provide that name also; you must list all names by which you intend to operate as well as the date the fictitious name was filed with the Florida Department of State, Division of Corporations. [s. 507.03, F.S.] **Note: Corporate, LLC, Partnership, and Fictitious Names are verified with the Florida Department of State, Division of Corporations and must match the name exactly as filed.**

Item # 2

Provide the physical street address for the applicant. Include the suite, room, or other unit number. If the mailing address (e.g. a post office box) is different from the applicant's street address, provide that address as well. [s. 507.03, F.S.]

Item # 3

You must provide a primary telephone number, including the area code, for the business. [s. 507.03, F.S.]

Item # 4

Provide the applicant's federal employer identification number. [s. 119.092, F.S.]

Item # 5

Select the type of organization (or legal form of business), the charter (document) number, and when and where the organization was legally established; and, if a foreign corporation, the date it registered with the Florida Department of State, Division of Corporations. [s. 507.03, F.S.]

Item # 6

List representatives as directed with complete addresses for each. [s. 507.03, F.S.]

Item # 7

Provide the name, address, and telephone number of any other business locations to be included in this registration; only those listed will be authorized to operate in Florida; all business locations in Florida must be provided. [s. 507.03, F.S.]

Item # 8

Provide name of all other corporations, business entities, and trade names through which each owner of the mover or broker operated, was known, or did business as a mover or broker within the last 5 years. [s. 507.03, F.S.]

Items # 9-12

Answer by checking appropriate box and provide supplementary information, if applicable. **All crimes must be disclosed regardless of the nature of the crime.**

OTHER REQUIRED DOCUMENTS AND FEES

MOVERS

Certificate of insurance. Coverage must include:

___ **Liability** for loss or damage to household goods – not less than \$10,000 per shipment

Or if you have two or fewer vehicles you may obtain:

___ **Surety Bond** (*Original*) in the amount of \$25,000 or an original **Certificate of Deposit** in the amount of \$25,000.

AND

- ___ **Motor vehicle coverage**, including bodily injury and property damage liability in minimum amounts of:
- \$50,000 per occurrence for a commercial vehicle with a gross weight of less than 35,000 pounds.
 - \$100,000 per occurrence for a commercial vehicle with a gross weight of more than 35,000 pounds but less than 44,000 pounds.
 - \$300,000 per occurrence for a commercial vehicle with a gross weight of 44,000 pounds or more.

Insurance and surety must be issued by a company authorized to transact business in this state, the department shall be named as a certificate holder and must be notified at least 10 days before any changes in insurance coverage. Insurance coverage must be current and maintained throughout the registration period.

BROKERS

___ **Surety Bond** (*Original*) in the amount of \$25,000 or an original **Certificate of Deposit** in the amount of \$25,000.

Insurance and surety must be issued by a company authorized to transact business in this state, the department shall be named as a certificate holder and must be notified at least 10 days before any changes in insurance coverage. Insurance coverage must be current and maintained throughout the registration period. A sample surety bond can be accessed online at www.800helpfla.com.

Send the completed application and a check or money order made payable to FDACS (all fees are non-refundable):

FDACS
Household Moving Services
P.O. Box 6700
Tallahassee, FL 32314-6700

CONTRACTS AND ESTIMATES [s. 507.05, F.S.]

Prior to providing any moving or accessorial services, a contract and estimate must be provided to a prospective shipper in writing, must be signed and dated by the shipper and the mover, and must include:

- The name, telephone number, and physical address where the mover's employees are available during normal business hours.
- The date the contract or estimate is prepared and any proposed date of the move.
- The name and address of the shipper, the addresses where the items are to be picked up and delivered, and a telephone number where the shipper may be reached.
- The name, telephone number, and physical address of any location where the goods will be held pending further transportation, including situations where the mover retains possession of goods pending resolution of a fee dispute with the shipper.
- An itemized breakdown and description and total of all costs and services for loading, transportation or shipment, unloading, and accessorial services to be provided during a household move or storage of household goods.
- Acceptable forms of payment. A mover shall accept a minimum of **two** of the three following forms of payment:
 - Cash, cashier's check, money order, or traveler's check;
 - Valid personal check, showing upon its face the name and address of the shipper or authorized representative; or
 - Valid credit card, which shall include, but not be limited to, Visa or MasterCard.

NOTE: A mover must clearly and conspicuously disclose to the shipper in the estimate and contract for services the forms of payments the mover will accept, including the forms of payment described in paragraphs (a)-(c).

ADDITIONAL INFORMATION

- A certificate evidencing proof of registration shall be issued by the department and must be prominently displayed in the mover or moving broker's primary place of business.
- Each contract of a mover or moving broker must include the phrase "(NAME OF FIRM) is registered with the state of Florida as a Mover or Moving Broker. Registration No. _____."
- Each advertisement of a mover or moving broker must include the phrase "Fla. Mover Reg. No. _____" or "Fla. IM No. _____". Each of the mover's vehicles must display a sign on the driver's side door which includes at least one of these phrases in lettering of at least 1.5 inches in height.
- Storage of goods must adhere to provisions of s. 507.06, F.S.
- Violations of the chapter as well as penalties for any violations are detailed in ss. 507.07-507.11, F.S.

CHANGES TO INFORMATION FILED

Registration is only valid for those locations designated in your application. Change of location or additional locations must be submitted in writing in advance of any changes. [s. 507.03, F.S.] Registrations issued pursuant to this chapter are not assignable or transferable.

Send changes to registration statement or proof of continuing insurance to:

FDACS
Household Moving Services
2005 Apalachee Parkway
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



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1-800-HELP-FLA (435-7352) • 850-410-3800 *Calling Outside Florida*
www.800helpfla.com • 850-410-3804 *Fax*

Submit and Pay Online at:
www.FreshFromFlorida.com

- or -

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 are subject to public review pursuant to Chapter 119, F.S.

PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. **ALL FEES ARE NON-REFUNDABLE.**

Business Information

Registration Type (Please select):

Intrastate Mover 0 – 2 Vehicles 3 or More Vehicles **Moving Broker**

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

Fictitious (DBA) Name:

Date Registered:

____/____/____
Month Day Year

Fictitious (DBA) Name:

Date Registered:

____/____/____
Month Day Year

Fictitious (DBA) Name:

Date Registered:

____/____/____
Month Day Year

All fictitious names must be registered with the Florida Department of State, Division of Corporations.

2. Physical Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations):

City: _____ **State:** _____ **Zip Code:** _____ - _____

Mailing Address (if different from above):

City: _____ **State:** _____ **Zip Code:** _____ - _____

3. Telephone Number:

Fax Number:

(____) _____ - _____

(____) _____ - _____

Email Address:

Website:

4. Federal Employer ID Number [s. 119.092, F.S.]:

5. Form of organization:

Corporation LLC Partnership Sole Proprietorship

Other (please describe): _____

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001022 \$600.00

Date incorporated or legally established: / / State: Charter (Document)#:
Month Day Year

If foreign (out of state corporation/entity), date registered with the Florida Department of State: / /
Month Day Year

6. List full names of all owners, officers, directors, managing members, or general partners (as applicable), and the Florida registered agent, as listed with the Florida Department of State, Division of Corporations:
(attach additional sheets as necessary using the same format)

Name:	Title:	
_____	_____	
Address:		

City:	State:	Zip Code:
_____	_____	_____ - _____
Telephone Number:	Email:	
(_____) _____ - _____	_____	

Name:	Title:	
_____	_____	
Address:		

City:	State:	Zip Code:
_____	_____	_____ - _____
Telephone Number:	Email:	
(_____) _____ - _____	_____	

Florida Registered Agent Name <i>(as listed with the Florida Department of State, Division of Corporations):</i>		

Address:		

City:	State:	Zip Code:
_____	_____	_____ - _____
Telephone Number:	Email:	
(_____) _____ - _____	_____	

7. List all other business locations or branch offices *(attach additional sheets as necessary using the same format):*

Name:	Telephone Number:	
_____	(_____) _____ - _____	
Address:		

City:	State:	Zip Code:
_____	_____	_____ - _____

Name:	Telephone Number:	
_____	(_____) _____ - _____	
Address:		

City:	State:	Zip Code:
_____	_____	_____ - _____

8. List all corporations, business entities and trade names through which each owner operated, was known, or did business as a mover or moving broker within the last five (5) years (State all legal names as filed with the Florida Department of State, Division of Corporations and all fictitious names - attach additional sheets as necessary using the same format):

Business Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	Florida Registration Number: IM/MB- _____	

Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	Florida Registration Number: IM/MB- _____	

9. Have any persons listed in question #6 been convicted of a crime involving fraud, dishonest dealing, or any act of moral turpitude? [s. 507.03(8)(b), F.S.]

Yes* **No** * **If yes,** please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name of Individual:

Nature of Offense:

Date:

_____/_____/_____
Month Day Year

Court Having Jurisdiction:

Disposition of Offense:

Date:

_____/_____/_____
Month Day Year

10. Have any persons listed in question #6 failed to satisfy a civil fine or penalty arising out of any administrative or enforcement action brought by any government agency or private person based upon conduct involving fraud, dishonest dealing, or any violation of Chapter 507, Florida Statutes? [s. 507.03(8)(c), F.S.]

Yes* **No** * **If yes,** please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Court Issuing the Final Ruling:

Date of Action:

_____/_____/_____
Month Day Year

11. Do any persons listed in question #6 have a pending criminal, administrative, or enforcement proceeding in any jurisdiction, based upon conduct involving fraud, dishonest dealing, or any act of moral turpitude? [s. 507.03(8)(d), F.S.]

Yes* **No** * **If yes,** please provide the following information for each individual: (attach additional sheet as necessary using the same format)

Name:

Court Issuing the Final Ruling:

Date of Action:

_____/_____/_____
Month Day Year

12. Have any persons listed in question #6 had a judgment entered in any action brought by the department or the Department of Legal Affairs pursuant to Chapter 507 or ss. 501.201 – 501.213, Florida Statutes? [s. 507.03(8)(e), F.S.]

Yes* No

* If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name:

Date of Action:

_____/_____/_____
Month Day Year

ATTACH THE FOLLOWING DOCUMENTS AND INITIAL VERIFYING THAT THE INFORMATION PROVIDED IS COMPLETE:

MOVERS

Certificate of insurance. Coverage must include:

___ **Liability** for loss or damage to household goods – not less than \$10,000 per shipment

Or if you have two or fewer vehicles you may obtain:

___ **Surety Bond** (Original) in the amount of \$25,000 or an original **Certificate of Deposit** in the amount of \$25,000.

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___ **Motor vehicle coverage**, including bodily injury and property damage liability in minimum amounts of:

- i. \$50,000 per occurrence for a commercial motor vehicle with a gross weight of less than 35,000 pounds.
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- iii. \$300,000 per occurrence for a commercial motor vehicle with a gross weight of 44,000 pounds or more.

Insurance and surety must be issued by a company authorized to transact business in this state. The department shall be named as a certificate holder and must be notified at least 10 days before any changes in insurance coverage. Insurance coverage must be current and maintained throughout the registration period.

BROKERS

___ **Surety Bond** (Original) in the amount of \$25,000 or an original **Certificate of Deposit** in the amount of \$25,000.

PERSON COMPLETING THE APPLICATION MUST SIGN AND ATTEST TO THE FOLLOWING:

I _____ have completed this Registration Statement.
Name of Person Completing Registration

This Registration Statement is made for the purpose of complying with the provisions of Chapter 507, Florida Statutes;

I am authorized to complete the application and the information provided is true and accurate.

Signature