

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**MOTOR VEHICLE REPAIR
REGISTRATION PACKAGE**

ss.559.901 – 559.9221, Florida Statutes
5J-12.002

Florida Department of Agriculture and Consumer Services
Motor Vehicle Repair Registration Package

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APPLICATION CHECKLIST AND INSTRUCTIONS

Please review the following, and check off items appropriate to your operation. Items not appropriate should be marked "N/A." Failure to submit all of the required information will delay processing of your application.

DO NOT USE THIS FORM if you are renewing your registration. If you are renewing your registration and have not received an application by mail, please contact us at 1-800-HELP-FLA (435-7352) calling from within Florida, or 1-850-410-3800, calling from outside of Florida, or access the online renewal application at www.800helpfla.com/registeronline.

Prior to *any* repair or attempted repair, Motor Vehicle repair shops must submit all of the following that apply (these items must be submitted *with* the registration application, *and* when any changes occur):

- 1. Is the application form filled out completely? **(must include authorized signature)**
- 2. Is the correct registration fee enclosed? (see page 3)
- 3. Did you attach a copy of your estimate and invoice form(s) to the registration application? A sample estimate and invoice form is available at www.800helpfla.com/mvr_business.html.
- 4. If you have additional locations, you must submit a separate application for each location.

Once your completed application has been approved, the Department will issue you a two (2) year registration to operate as a motor vehicle repair shop. You will be notified by the Department when it is time to renew your registration.

Florida Department of Agriculture and Consumer Services
Division of Consumer Services



ADAM H. PUTNAM
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**MOTOR VEHICLE REPAIR
REGISTRATION APPLICATION**

s.559.904, Florida Statutes
5J-12.002

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

Make check or money order
payable and remit application to:

FDACS
P.O. Box 6700
Tallahassee, FL 32399-6700

All documents and attachments submitted with this statement are subject to public review pursuant to Chapter 119, F.S. DO NOT USE THIS FORM if you are renewing your registration. If you are renewing your registration and have not received an application by mail, please contact us at 1-800-HELP-FLA (435-7352) calling from within Florida, or 1-850-410-3800, calling from outside of Florida. **Please allow adequate time for the processing of your application.** Failure to submit all of the required information will delay processing of your application. **All fees are non-refundable.**

Business Information

Please Select one:

- New Filing Change of Owner

1. Name of Motor Vehicle Repair Shop:

2. 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: _____

3. Business Telephone Number: _____ **Fax Number:** _____
(_____) _____ - _____ (_____) _____ - _____

Email Address*: _____ **Website:** _____

* Future correspondence may be electronic; please ensure the provided email address is accurate and valid.

4. Federal Employer ID Number
_____ - _____

5. Ownership / Form of Organization, PLEASE CHECK ONE.

Corporation (Legal Name, as registered with the Florida Department of State):

LLC (Legal Name, as registered with the Florida Department of State):

Partnership (Legal Name, as registered with the Florida Department of State):

Sole Proprietorship (Provide Name of Owner):

Motor Vehicle Repair Org Code: 42100604000 EO: A2 Object Code: 001161 \$100/\$300/\$600

Physical Street Address (include APT or SUITE # in all address lines):

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

Mailing Address (if different from above):

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

6. Enter the name and address of the individual owner, or all general partners, or all corporate officers, directors, and registered agents. Indicate whether any of the individuals listed below: (*Attach additional copies as needed*) [s. 559.904(10), F.S.]

- Have been **adjudicated guilty** of any crime, or found guilty in any civil or administrative action, in any jurisdiction, based upon conduct involving fraud, dishonest dealing, or any violation of the Motor Vehicle Repair Act.
- Have not satisfied a civil or administrative fine, or other penalty, arising out of any action brought by a governmental agency based upon conduct involving fraud, dishonest dealing, or any violation of the Motor Vehicle Repair Act.
- Are subject to a judgment entered against them in any action brought under the Florida Deceptive and Unfair Trade Practices Act.
- 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, and the date of disposition.

Name: _____	Title: _____
Address: _____	
City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	
Adjudicated Guilty:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unsatisfied Fines/Penalties:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adjudication under Florida Deceptive and Unfair Trade Practices Act:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name: _____	Title: _____
Address: _____	
City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	
Adjudicated Guilty:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unsatisfied Fines/Penalties:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adjudication under Florida Deceptive and Unfair Trade Practices Act:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Checklist

Copies of all licenses, permits, and certifications obtained by the applicant or employees of the applicant. [s. 559.904(1)(d), F.S.]

_____ Number of employees which the applicant intends to employ or which are currently employed. [s. 559.904(1)(e), F.S.]

Estimate and Invoice Forms. [s. 559.904(4), F.S.]

Fees

7. Biennial Registration Fee Schedule; all fees are nonrefundable. Select one.

- | | |
|--|--|
| <input type="checkbox"/> 1 – 5 individuals who perform repairs at this location | \$100 for two year registration |
| <input type="checkbox"/> 6 – 10 individuals who perform repairs at this location | \$300 for two year registration |
| <input type="checkbox"/> 11 or more individuals who perform repairs at this location | \$600 for two year registration |

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 AR or AB license to this application.
- MIAMI-DADE COUNTY** shops must attach a copy of their current MVR Certificate to this application.
- 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 above.

Prepared By (please print name):

Title of Preparer:

Telephone Number of Preparer:

(_____) _____ - _____

I certify that this applicant is aware of and complies with all of the requirements of ss. 559.901-559.9221, F.S., including the repair estimate and disclosure statement required to be given to customers, and I am empowered to execute this application on behalf of the above named entity or individual.

Signature**

Date

**** Attests that person is authorized to complete form**