

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**MOTOR VEHICLE REPAIR
REGISTRATION PACKAGE**

Sections 559.901 – 559.9221, Florida Statutes
Rule 5J-12.002, Florida Administrative Code

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.

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 pages 3 and 4)
- 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
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 *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 32314-6700

All documents and attachments submitted with this statement are subject to public review pursuant to Chapter 119, F.S. **Please allow thirty (30) days 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
*(If you have recently purchased an existing motor
vehicle repair shop, please check both boxes)*

Renewal MV _____ DTN _____
*(as issued by the department and listed on the preprinted renewal
application)*

1. Name of Motor Vehicle Repair Shop *(as registered with the Florida Department of State, Division of Corporations):*

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

3. 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: _____

Business Telephone Number:
(_____) _____ - _____

Fax Number:
(_____) _____ - _____

Email Address*:

Website:

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

4. Federal Employer ID Number (FEIN):

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

5. Ownership / Form of Organization, PLEASE CHECK ONE and provide the legal name as registered with the Florida Department of State.

Sole Proprietorship *(Provide Name of Owner):*

- Corporation** **Limited Liability Partnership** **Limited Liability Company**
 Partnership **Other** *(please describe):*

Name of Corporation *(as registered with the Florida Department of State, Divisions of Corporations):*

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. *(attach additional copies as needed using the same format)* [s. 559.904(10), F.S.]

Name: _____	Title: _____
Address: _____	
City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	

Name: _____	Title: _____
Address: _____	
City: _____	State: _____ Zip Code: _____ - _____
Telephone Number: (_____) _____ - _____	

THE FOLLOWING SECTION MUST BE COMPLETED TO PROCESS YOUR APPLICATION

7. Have any persons listed in question #6, or any of its **officers, directors, owner, or general partners**, been convicted of a crime involving fraud, dishonest dealing, or any violation of the Florida Motor Vehicle Repair 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, the date of disposition, or any other pertinent information.

- Yes** **No** Has not satisfied 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** Has 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** Has 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

8. 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.]*
9. _____ Number of employees which the applicant intends to employ or which are currently employed. *[s. 559.904(1)(e), F.S.]*
10. A copy of your Estimate and Invoice Forms. *[s. 559.904(4), F.S.]* For renewals, you must send in a copy of your Estimate and Invoice Form if the original form filed by the applicant has been changed, altered, or revised. *A sample Estimate and Invoice Form is available at www.800helpfla.com/mvr_business.html.*

Fees

11. **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 ON THE FOLLOWING PAGE.

12. Biennial Registration Fee Schedule; all fees are nonrefundable. 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**

Preparer Information

Prepared By *(please print name):*

Title of Preparer:

Telephone Number of Preparer:

(_____) _____ - _____

Application Certification

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.

Print Name of Applicant

Title and Phone Number

Signature of Applicant**

Date

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