

# 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.**

### 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 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 trucks 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:
- i. \$50,000 per occurrence for a commercial vehicle with a gross weight of less than 35,000 pounds.
  - ii. \$100,000 per occurrence for a commercial vehicle with a gross weight of more than 35,000 pounds but less than 44,000 pounds.
  - iii. \$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](http://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:

1. The name, telephone number, and physical address where the mover's employees are available during normal business hours.
2. The date the contract or estimate is prepared and any proposed date of the move.
3. 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.
4. 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.
5. 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.
6. Acceptable forms of payment. A mover shall accept a minimum of **two** of the three following forms of payment:
  - (a) Cash, cashier's check, money order, or traveler's check;
  - (b) Valid personal check, showing upon its face the name and address of the shipper or authorized representative; or
  - (c) 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 **two (2)** forms of payments the mover will accept from those categories 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 act 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  
Terry Rhodes Building  
2005 Apalachee Parkway  
Tallahassee, FL 32399-6500

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



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COMMISSIONER

**HOUSEHOLD MOVING 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](http://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 Trucks     3 or More Trucks     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. If business is not an individual then "Name" is the legal name of the business as listed 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 name of all 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)**

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

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

<b>Florida Registered Agent Name</b> (as listed with the Florida Department of State, Division of Corporations):		
_____		
<b>Address:</b>		
_____		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
_____	_____	_____ - _____
<b>Telephone Number:</b>	<b>Email:</b>	
( _____ ) _____ - _____	_____	

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

<b>Name:</b>	<b>Telephone Number:</b>	
_____	( _____ ) _____ - _____	
<b>Address:</b>		
_____		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
_____	_____	_____ - _____

<b>Name:</b>	<b>Telephone Number:</b>	
_____	( _____ ) _____ - _____	
<b>Address:</b>		
_____		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
_____	_____	_____ - _____

**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):

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

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

**9. 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 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:**  
\_\_\_\_\_

<b>Nature of Offense:</b> _____	<b>Date:</b> _____/_____/_____ <small>Month                      Day                      Year</small>
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**Court Having Jurisdiction:**  
\_\_\_\_\_

<b>Disposition of Offense:</b> _____	<b>Date:</b> _____/_____/_____ <small>Month                      Day                      Year</small>
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**10. Have any persons listed in question #6, or any of its officers, directors, owner, or general partners, not satisfied 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:**  
\_\_\_\_\_

<b>Court Issuing the Final Ruling:</b> _____	<b>Date of Action:</b> _____/_____/_____ <small>Month                      Day                      Year</small>
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**11. Do any persons listed in question #6, or any of its officers, directors, owner, or general partners, 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, or any of its officers, directors, owner, or general partners, 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:

Court Issuing the Final Ruling:

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 trucks 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:

- i. \$50,000 per occurrence for a commercial motor vehicle with a gross weight of less than 35,000 pounds.
- ii. \$100,000 per occurrence for a commercial motor vehicle with a gross weight of more than 35,000 pounds but less than 44,000 pounds.
- 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