

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES



**ADAM H. PUTNAM
COMMISSIONER**

**MOTOR VEHICLE REPAIR
REGISTRATION APPLICATION**
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 Application

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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-10900, Motor Vehicle Repair 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. 559.904(3)(b), F.S., for waiver qualifications.

APPLICATION CHECKLIST

Please make sure that the following documents are submitted with the registration application:

- 1. Please submit correct registration fee. (see pages 3 and 4)
- 2. Attach a copy of your estimate and invoice form(s) to the registration application. A sample estimate and invoice form is available at <http://www.freshfromflorida.com/Divisions-Offices/Consumer-Services/Business-Services/Motor-Vehicle-Repair-FAQ>.
- 3. 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



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**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 Renewal MV _____ DTN _____
(If you have recently purchased an existing motor vehicle repair shop, please check both boxes) *(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 and directors.
(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. 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, and any other pertinent information. Have any persons listed in question #6:

- Yes** **No** Failed to satisfy 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** 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** 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.

- | | |
|--|--|
| <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 |

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