# 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.

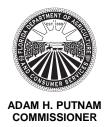
DO NOT USE THIS FORM if you are renewing your registration. If you are renewing your registration and have not received an application by mail, please contact us at 1-800-HELP-FLA (435-7352) calling from within Florida, or 1-850-410-3800, calling from outside of Florida, or access the online renewal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



### 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 32314-6700

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 o	f Owner			
1. Name of Motor Vehicle Repair Shop:				
2. Business Street Address (include APT or SUITE#in all add	ress lines):			
City:		State:	Zip Code:	_
Mailing Address (if different from above):				
City:		State:	Zip Code:	_
3. Business Telephone Number: Fa	ax Number:			
Email Address*:	Website:			
* Future correspondence may be electronic; please ensure the provided.  4. Federal Employer ID Number	CK ONE.	curate and valid.		
LLC (Legal Name, as registered with the Florida Department of State):		Motor Vehicle Repair Org Code: 42100625000 EO: A2		
Partnership(Legal Name, as registered with the Florida Dep	partment of State):	Object Code: 001161 \$100/\$300/\$600		
Sole Proprietorship (Provide Name of Owner):				

ity:			State:	Zip Code:
lailing Ac	Idress (if different from above):			
ity:			State:	Zip Code:
	he name and address of the individual owner, or all gen red agents. Indicate whether any of the individuals liste			
•	Have been <b>adjudicated guilty</b> of any crime, or found based upon conduct involving fraud, dishonest dealing			
•	Have not satisfied a civil or administrative fine, of governmental agency based upon conduct involving frepair Act.			
•	Are subject to a judgment entered against them in any Practices Act.	action brought u	nder the	e Florida Deceptive and Unfair Trad
•	Check <b>YES</b> or <b>NO</b> for each response. If yes, provide the offense, the court having jurisdiction, the disposition			
Name:		Title:		
Address	3:			
City:		St	ate:	Zip Code:
Telepho	ne Number:			
\	)ated Guilty:	_ ·	Vac	□ No
-	fied Fines/Penalties:			⊒ No
Adjudic	ation under Florida Deceptive and Unfair Trade Prac	tices Act:	Yes [	□ No
Name:		Title:		
Address	3:			·
City:		St	ate:	Zip Code:
Telepho (	ne Number:			<u> </u>
	ated Guilty:	_ ·	Yes [	□ No
-	fied Fines/Penalties:			□ No
Adjudic	ation under Florida Deceptive and Unfair Trade Prac	tices Act: 🔲 `	Yes [	□ No

Checklist				
	Copies of all licenses, permits, and certifications obtained by the applic	cant or employees of the applicant. [s. 559.904(1)(d), F.S.]		
	Number of employees which the applicant intends to employ or whi	ich 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.		
	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		
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: ( )		
the	ertify that this applicant is aware of and complies with all of the require estimate and disclosure statement required to be given to elication on behalf of the above named entity or individual.			

Date

Signature\*\*

<sup>\*\*</sup> Attests that person is authorized to complete form