



RENEWAL APPLICATION

for

MOTOR VEHICLE MANUFACTURER, IMPORTER, OR DISTRIBUTOR

IF THERE ARE NO CHANGES FROM LAST YEAR, YOU MAY FILE THIS FORM TO RENEW YOUR LICENSE. THIS FORM MAY ALSO BE USED FOR THE FOLLOWING:

Change of Address

DMV USE ONLY

Entered By _____

Approved By _____

1. License Number: _____

Business Name: _____

DBA Name: _____

Business Address: _____
Street or Post Office Box

City _____ State _____ Zip Code _____

Mailing Address: _____
Street or Post Office Box

City _____ State _____ Zip Code _____

Business Telephone Number: () _____
Area Code

E-mail Address: _____

2. Federal Employee's Identification Number (FEID): _____

Makes or names of vehicles or units manufactured, distributed, or imported: _____

LICENSE NUMBER
ISSUE DATE
AMOUNT
CHECK NUMBER
DATE RECEIVED IN DEALER LICENSE SECTION
DATE APPLICATION WAS COMPLETED
CRS PAYMENT NUMBER
FRVIS CUSTOMER NUMBER

REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- ◆ License renewal application form for each license with the renewal fee of \$100.
- ◆ A current financial statement or condensed balance sheet.
- ◆ A completed questionnaire on efforts to add new minority dealer points (form enclosed).

Please mail the completed renewal application and required documents to:

The Dealer License Section, 2900 Apalachee Parkway, MS 65, Tallahassee, Florida 32399.

**RENEWAL APPLICATION FOR A LICENSE AS A MOTOR VEHICLE MANUFACTURER,
IMPORTER, OR DISTRIBUTOR**

PRESIDENT: _____

Last Name First Name Middle Initial

Date of Birth Social Security Number (FRVIS Customer Number - DMV Use Only)

Residence Address City State Zip Code

VICE PRESIDENT: _____

Last Name First Name Middle Initial

Date of Birth Social Security Number (FRVIS Customer Number - DMV Use Only)

Residence Address City State Zip Code

SECRETARY: _____

Last Name First Name Middle Initial

Date of Birth Social Security Number (FRVIS Customer Number - DMV Use Only)

Residence Address City State Zip Code

TREASURER: _____

Last Name First Name Middle Initial

Date of Birth Social Security Number (FRVIS Customer Number - DMV Use Only)

Residence Address City State Zip Code

DIRECTOR: _____

Last Name First Name Middle Initial

Date of Birth Social Security Number (FRVIS Customer Number - DMV Use Only)

Residence Address City State Zip Code

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I certify that I am authorized to bind the applicant with my signature and that nothing has occurred since I filed my last application for a license or application for renewal of said license, as the case may be, which would change the answers given in such previous application.

"Under penalty of perjury, I declare that I have read the foregoing and that the facts stated in it are true."

Signature

Typed Name and Title



STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
NEIL KIRKMAN BUILDING-TALLAHASSEE, FLORIDA 32399-0500

FREDO. DICKINSON
Executive Director

ANNUAL REPORT ON ADDITION OF MINORITY DEALER POINTS

Name of Business

Business Address

City, State, and Zip Code

Current or Last Dealer License Number

This report is submitted to fulfill the requirements of Section 320.63(3), Florida Statutes (attach additional pages, if needed). See Section 288.703, Florida Statutes, for the definition of "Minority".

1. We have made the following efforts to add new minority points.
2. We have encountered the following difficulties in our efforts to recruit minority dealers.
3. Describe your successful efforts to recruit minority dealers during the past year.

Name

Signature

Titles

Division of Motor Vehicles, Bureau of Field Operations, Dealer License Section
Neil Kirkman Building, Room A312, MS-65, 2900 Apalachee Parkway,
Tallahassee, Florida 32399-0635, 850 617-3003
<http://www.hsmv.state.fl.us>