



RENEWAL APPLICATION

MOBILE HOME MANUFACTURER OR RECREATIONAL 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 Mailing Address (Please Check Box if Mailing Address Needs Updating)

Do not use white out or correction tape on this application.

DMV USE ONLY
 Entered By _____
 Approved By _____

1. Current License Number: _____

Licensee Name: _____

Sole Proprietor Corporation Limited Liability Corporation/Partnership (LLC/LLP)
 Limited Liability Limited Partnership (LLLLP) Partnership

Fictitious (DBA) Name(s): _____

Physical Address: _____
Street or Post Office Box

City _____ State _____ Zip Code _____

Mailing Address: _____
(Enter Mailing Address even if same as Physical Address) Street or Post Office Box

City _____ State _____ Zip Code _____

Business Telephone Number: (____) _____
Area Code

FAX Number: (____) _____
Area Code

Business E-mail Address: _____

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

Social Security Number, If Sole Proprietor or Partnership: _____
Optional

Line makes 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

3. **PRESIDENT:** _____
Last Name First Name Middle Initial

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

Residence Address _____ City _____ State _____ Zip Code _____

**RENEWAL APPLICATION FOR A LICENSE AS A MOBILE HOME MANUFACTURER
OR RECREATIONAL VEHICLE MANUFACTURER, IMPORTER, OR DISTRIBUTOR**

Do not use white out or correction tape on this application.

3. Continued

SECRETARY:

Last Name	First Name	Middle Initial	

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

Residence Address	City	State	Zip Code

MEMBER/MANAGER:

Last Name	First Name	Middle Initial	

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

Residence Address	City	State	Zip Code

REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

Mobile Home Manufacturers:

- ◆ A completed and signed renewal application form (available on-line at <http://www.flhsmv.gov/html/forms.html>).
- ◆ License renewal fee of \$140 for **each** location, please make check payable to DHSMV.
- ◆ A current financial statement or condensed balance sheet.
- ◆ An original surety bond, irrevocable letter of credit, or original continuation certificate in the amount of \$50,000.
- ◆ Copy of certification from the Division of Corporations showing current registration of business and fictitious names(s) (on-line access at www.sunbiz.org).

NOTE: Please attach a copy of the financial statement and a copy of the original surety bond, or irrevocable letter of credit, or original continuation certificate in the amount of \$50,000 for **all** additional location renewals.

Recreational Vehicle Manufacturers, Importers or Distributors:

- ◆ A completed and signed renewal application form (available on-line at <http://www.flhsmv.gov/html/forms.html>).
- ◆ License renewal fee of \$140 for each location, please make check payable to DHSMV.
- ◆ A current financial statement or condensed balance sheet.
- ◆ An original surety bond, or original continuation certificate in the amount of \$10,000 for **each** recreational plant licensed by the Division of Motor Vehicles.
- ◆ Copy of certification from the Division of Corporations showing current registration of business and fictitious name(s) (on-line access at www.sunbiz.org).

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."

_____	_____	_____	_____
Officer's Signature (Required)	Printed Name	Title	Date

**Please mail the completed renewal application and required documents to: The Dealer License Section,
2900 Apalachee Parkway, Room A312 - MS 65, Tallahassee, Florida 32399.**