STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
2900 APALACHEE PARKWAY,
NEIL KIRKMAN BUILDING, MS 66
TALLAHASSEE, FLORIDA 32399-0640
850/617-3004

MANUFACTURED/MOBILE HOME INSTALLER LICENSE APPLICATION

Pursuant to section 320.8249, Florida Statutes, I hereby make application for a license to install new and/or used manufactured/mobile homes.

☐ Original ☐ Renewal ☐ Change of Mailing Address

PRINT/TYPE

License Year: _____

Name: _____
Last First Middle Initial

Mailing Address: _____
Business Phone Number

_____
City County State Zip Code

Physical Address (if different from above): _____

Driver License # _____ Date of Birth: _____

E-Mail Address: _____

Original Application: $200.00 for Application and License Fees
(If license is denied for any reason, $150 license fee will be refunded to applicant.)

Renewal Application: $150.00 for License Fee received by October 1.
(After October 1, additional $50.00 late fee charged.)

Change of Address: No Fee

PLEASE ATTACH THE FOLLOWING ITEMS TO ORIGINAL APPLICATION

- Original Performance Bond for Licensing Period ($5,000)
- Original Certificate of Insurance ($100,000 General Liability)
- Copy of your Mobile Home Installation Training Course Certificate
- Original of your Mobile Home Installer Examination Results
- Mobile Home Installation Decal Order Form
- Check or Money Order made payable to DHSMV for License Fees and Decals

I hereby certify by my signature that I have not been convicted or found guilty of, or enter a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of mobile home installation or the ability to practice. That information I have provided in this application is true and correct. I agree to abide by all laws of Florida, including Chapter 320, Florida Statutes and all applicable rules, policies and procedures of the Department of Highway Safety and Motor Vehicles.

I understand that any false information provided on this form and/or any violations of Florida Statute 320.8249 may result in disciplinary penalties imposed by the department. I further understand that I must meet all zoning, permitting and occupational license requirements that may be mandated by city or county ordinances.

_____ _____
Signature **Date**

DMV USE ONLY

License Number

Date Issued

Bond ☐
Insurance ☐
Taken Class ☐
Passed Exam ☐
Approved/Denied
Initials _____

Application Fee

Date Received

License Fee

Date Received