

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTORIST SERVICES

APPLICATION FOR TRANSPORTER LICENSE PLATE

License Plate Number(s) Assigned

Name of Business/Applicant

Street Address

City, State, Zip

As a representative of the above named business, I hereby apply for _____
(Number of Plates)

transporter license plate(s) and certify that, incidental to the conduct of this business, I engage in the transporting of motor vehicles not currently registered to any owner and do not have a license plate. I understand the transporter license plate may only be used on a motor vehicle in the possession of this business while the motor vehicle is being transported in the course of this business.

I/We certify that I/We have proof of the required liability insurance coverage for \$100,000.00 or more and a business tax receipt where applicable.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Date

Signature of Owner or Authorized Representative

APPLICATION, PROOF OF INSURANCE, COPY OF BUSINESS TAX RECEIPT STATEMENT AND FEES MUST BE SUBMITTED TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY FOR PROCESSING.