

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**DIVISION OF MOTORIST SERVICES**  
**BUREAU OF DEALER SERVICES**  
NEIL KIRKMAN BUILDING, ROOM A-312 MS 65  
TALLAHASSEE, FLORIDA 32399-0625  
(850) 617-3003 (press 1)  
**APPLICATION FOR A LICENSE AS A MOTOR VEHICLE**  
**DEALER TRAINING SCHOOL**

Pursuant to Section 320.27, Florida Statutes, I hereby make application and submit the required documentation for a license or modification.

\_\_\_\_\_ Original  
Date of Application \_\_\_\_\_  
\_\_\_\_\_ Modification

Business Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street or P.O. Box

\_\_\_\_\_

City

State

Zip Code

Mailing Address: \_\_\_\_\_

Street or P.O. Box

\_\_\_\_\_

City

State

Zip Code

Name and address of Owner, Partners, or Principal Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Use additional sheets if necessary to list additional partners or corporate officers.

Name, address, and telephone number of person responsible for dealer training school operations:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

School's Federal Employer Identification Number: \_\_\_\_\_

Has the applicant, any partner, or any corporate officer:

\_\_\_\_\_ Yes      \_\_\_\_\_ No      Been convicted of a crime (excluding minor traffic offenses)?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No      Now facing criminal charges anywhere (excluding minor traffic offenses)?

If the answer to either question above is "yes", applicant is required to supply appropriate documentation.

All applicants for a Motor Vehicle Dealer Training School will have their qualifications reviewed to determine if the applicant meets the qualifications as outlined in the Motor Vehicle Dealer Training School Requirements. Please attach a summary of your qualifications with this application.

### **CERTIFICATIONS**

I certify that I will conduct my business in a professional manner and operate in good faith and abide by all applicable Florida Statutes and Department policies and procedures. I will adhere to the provisions of the Motor Vehicle Dealer Training School Agreement and the Motor Vehicle Dealer School Requirements. I also certify that the information contained in the application and attachments is true and correct. I further certify that I am authorized to bind the applicant with my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title