

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

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 DMS USE ONLY PRINT/TYPE License Year: License Number Name: First Middle Initial Mailing Address: **Business Phone Number** Date Issued County State Zip Code Physical Address (if different from above): Bond  $\square$ Driver License # Date of Birth: Insurance E-Mail Address: Taken Class **Original Application:** \$200.00 for Application and License Fees Passed Exam (If license is denied for any reason, \$150 license fee will be refunded to applicant.) Background **Renewal Application:** \$150.00 for License Fee received by October 1. (After October 1, additional \$50.00 late fee charged.) Approved/Denied **Change of Address:** No Fee Initials \_\_\_\_\_ PLEASE ATTACH THE FOLLOWING ITEMS TO ORIGINAL APPLICATION Application Fee 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 Date Received 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 License Fee 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. Date Received 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

Date

must meet all zoning, permitting and occupational license requirements that may be mandated by city

Signature

or county ordinances.