

DATE \_\_\_\_\_

**MOBILE HOME INSTALLATION DECAL ORDER FORM**

TO: DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTORIST SERVICES  
2900 APALACHEE PARKWAY, MAIL STOP 66  
TALLAHASSEE, FLORIDA 32399-0640

APPLICATION IS HEREBY MADE FOR: Fee of \$ \_\_\_\_\_ is Enclosed

\_\_\_\_\_ # Mobile Home Installation Decals ..... \$10.00  
(minimum of five) Please make check payable to DHSMV

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_

PHONE # \_\_\_\_\_

INSTALLER LICENSE # (DIH OR IH) \_\_\_\_\_

DEALER/MANUFACTURER LICENSE # (DH OR MH) \_\_\_\_\_

I hereby certify that these decals will be applied as required in section 320.8249 Florida Statutes, and understand these decals are non-transferable.

**1<sup>st</sup> SIGNATURE** \_\_\_\_\_  
Licensed Mobile Home Dealer, Installer or Manufacturer

**2<sup>nd</sup> SIGNATURE** \_\_\_\_\_  
Who Attended the 8-hour Training Class & Passed Exam  
*(Only required if different from 1<sup>st</sup> Signature)*

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**DMV USE ONLY**

NUMBER \_\_\_\_\_ THROUGH \_\_\_\_\_

ASSIGNED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT SEPARATE ORIGINAL AND COPY**