



**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**

**MOBILE HOME DEALER/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**

DH License # \_\_\_\_\_

License Number

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

Date Issued

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

Business Phone Number

\_\_\_\_\_

City

County

State

Zip Code

Bond

Physical Address (if different from above): \_\_\_\_\_

Insurance

E-Mail Address: \_\_\_\_\_

Background

Name of Class & Exam Attendant: \_\_\_\_\_

Approved/Denied

**PLEASE RETURN BY: SEPTEMBER 1, 2016**

**RENEWAL FEE: \$150 (AFTER OCTOBER 1, ADDITIONAL \$50 LATE FEE CHARGED)**

Initials \_\_\_\_\_

**IMPORTANT: (PLEASE COMPLETE THE BELOW ITEMS BEFORE SIGNING APPLICATION)**

1. Verify that your mailing address and business telephone number on the above white label is correct. If not, please correct.
2. Please provide us with a current physical address.
3. Please provide us your e-mail address to receive mobile home installer information electronically.

Application Fee

Date Received

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.

License Fee

Date Received

\_\_\_\_\_  
**Signature (Officer of Dealership)**

\_\_\_\_\_  
**Date**