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

PRINT/TYPER

DH License # ______________

Business Name: ________________________________

Mailing Address: ________________________________

Date Issued

Physical Address (if different from above): ________________________________

Business Phone Number

City __________ County __________ State __________ Zip Code __________

E-Mail Address: ________________________________

Name of Class & Exam Attendant: ________________________________

Original Application: $200.00 for Application and License Fees

(Renewal Application: $150.00 for License Fee received by October 1. (After October 1, additional $50.00 late fee charged.)

Change of Address: No Fee

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

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.

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.

Signature (Officer of Dealership) __________________________   Date __________________________