

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES - DIVISION OF MOTORIST SERVICES
2900 APALACHEE PARKWAY, NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0610
**APPLICATION TO BECOME AN AUTHORIZED ELECTRONIC FILING SYSTEM AGENT /
CHANGE OF CERTIFIED SERVICE PROVIDER**

Check One:			DMS USE ONLY
<input type="checkbox"/> Pursuant to section 320.03(10), Florida Statutes, I hereby make application to become authorized to process title and registration transactions using the Electronic Filing System.			
<input type="checkbox"/> I hereby request to change Certified Service Providers.			
Name of Entity / Business:			
Mailing address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:
Dealer License Number:	If licensed as a motor vehicle, mobile home or recreational vehicle dealer.		
County where physically located:	Appointing County where agent will process transactions:		
<i>If appointing county is different than where agent is physically located signature of the appointing Tax Collector is required.</i>			
_____ Signature of Appointing Tax Collector			
Business Telephone Number:	Cell Number:		
E-mail Address:			
Owner / Partner / Principal Name(s):			
1.			
2.			
3.			
Certified Service Provider: <i>(enter name of CSP)</i>			
<i>Applicant must have entered into a contract with a certified service provider prior to applying to become an EFS agent. If applicant is changing Certified Service Providers all pending or suspended transactions with the previous provider must be complete, a contract signed with the new certified service provider and notification to the state prior to using the new provider's services.</i>			
<input type="checkbox"/> All principals and prospective users have undergone a criminal background check			
<input type="checkbox"/> Indicia shall be secure and in a locked area during non-business hours or when not being used.			

I certify that the entity above meets the requirements to become an authorized electronic filing system (EFS) agent. The entity will abide by all laws, rules, procedures and contractual obligations required as an EFS agent. All principals and authorized users have undergone a criminal background check prior to having access to the EFS and indicia as provided by the Tax Collector. All indicia will be secure and in a locked area during non-business hours or during non-use and I understand that I am responsible for any unaccounted inventory. I further certify that all applicable inquiry fees will be paid to the state and that disclosures for EFS fees as required by rule will be made to prospective buyers. I will ensure that all title and registration transactions are done in accordance with laws and Department procedure. I further certify that state and county fees collected will be remitted electronically in accordance with state law. I understand that failure to comply with any laws, rules or contractual terms shall be grounds for the Department to revoke my authorization to use the EFS.

The applicant agrees to comply with section 119.0712 (2), Florida Statutes, and the Federal Driver's Privacy Protection Act (18 U. S. C. § 2721 et seq.). The applicant agrees that all personal information governed by these statutes will be used or redisclosed by the applicant only as permitted by these statutes. Any use or redisclosure of such personal information by the applicant except as permitted by these statutes will result in DHSMV revoking applicant's ability to use the system.

Under penalty of perjury, I do swear and affirm that the information contained in this application is true and correct and that applicant will abide by all laws of Florida and all applicable rules, policies and procedures of the Department of Highway Safety and Motor Vehicles.

Signature of owner or principal: _____ Date: _____