

State of Florida
Department of Highway Safety and Motor Vehicles

Dealer Plates for Heavy Trucks for Demonstration Purposes

Dealership Information:

Name of Dealership: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dealer License Number: _____

Driver Information:

Name of Driver: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

Driver License Number: _____

Dealer License Plate Number: _____

Vehicle Identification Number: _____

Date & Time Demonstration Started: _____

Date & Time Demonstration Ended: _____

Total Number of Hours: _____

(Not to exceed 24 consecutive hours)

Signature of Driver: _____

Name of Dealer Representative: _____

Signature of Dealer Representative: _____

“Under penalty of perjury, I do swear or affirm that all the information contained in this application is true and correct.”

Signature of Dealer Principal/Officer

Typed Name and Title