



STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTORIST SERVICES

**APPLICATION FOR AUTHORIZATION AS A PRIVATE  
REBUILT MOTOR VEHICLE INSPECTION FACILITY**

Pursuant to Section 319.141, Florida Statutes, I hereby make application and submit the required documentation to operate a Private Rebuilt Motor Vehicle Inspection Facility. This application for Authorization as a Private Rebuilt Motor Vehicle Inspection Facility is the initial step in the Authorization process. Applicants must also have each site approved by a representative of the Department of Highway Safety and Motor Vehicles ("Department"), Division of Motorist Services. Each owner, partner, corporate officer, and inspector employed by the facility must provide a background check that demonstrates that they have not been convicted of a felony, pled guilty to a felony, pled nolo contendere to a felony, or been incarcerated for a felony in the previous 10 years.

Date of Application: \_\_\_\_\_

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

Fictitious Name (d/b/a): \_\_\_\_\_

FEID #: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Address

City State Zip Code

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box

City State Zip Code

Business email address: \_\_\_\_\_

Telephone Numbers: Business: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Documents required with the application:**

- ☐ Proof of identification (FL driver license or government issued ID card) from each owner, partner, corporate officer and inspector employed by the facility.
- ☐ A copy of property lease or proof of ownership.
- ☐ Proof of electronic fingerprint from an FDLE authorized service provider from each owner, partner, corporate office and inspector employed by the facility.
- ☐ Copy of certification from the Division of Corporations showing current registration of business in the State of Florida and copy of the fictitious name registration with the State of Florida (if applicable).
- ☐ Copy of Garage Liability Insurance Certificate signed by the garage liability insurance agent. The garage liability insurance certificate shall include, at a minimum, \$100,000 single-limit liability coverage including bodily injury and property damage protection. Name of the certificate holder which should read: Department of Highway Safety & Motor Vehicles, 2900 Apalachee Parkway, Room A312, MS# 65 Neil Kirkman Building, Tallahassee, Florida 32399
- ☐ Original Surety Bond or Irrevocable Letter of Credit in the amount of \$100,000 executed in favor of the Department:
  - o Shall include the exact name and fictitious name used by the business and registered with the State.
  - o Shall have the surety bond company name and seal, stamp or an electronic seal.
  - o A Power of Attorney for the Attorney-in-Fact must accompany the bond.
  - o Shall be issued by entities licensed to do business in this State.
- ☐ Signed Form PUR 1355 – Foreign Country of Concern Attestation.
- ☐ PRVIP Training Certificate

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**Business Information:**

- ☐ Sole Proprietor      ☐ Partnership      ☐ Corporation
- ☐ Limited Liability Company/Partnership (LLC/LLP)      ☐ Limited Liability/Limited Partnership (LLLP)

**Owners/Partners/Corporate Officers:**

1.				
	Last Name	First Name	Middle Initial	Title
	Date of Birth	FL DL/ID Number	Telephone Number w/ Area Code	
	Residence Address	City	State	Zip Code
2.				
	Last Name	First Name	Middle Initial	Title
	Date of Birth	FL DL/ID Number	Telephone Number w/ Area Code	
	Residence Address	City	State	Zip Code
3.				
	Last Name	First Name	Middle Initial	Title
	Date of Birth	FL DL/ID Number	Telephone Number w/ Area Code	
	Residence Address	City	State	Zip Code
4.				
	Last Name	First Name	Middle Initial	Title
	Date of Birth	FL DL/ID Number	Telephone Number w/ Area Code	
	Residence Address	City	State	Zip Code
5.				
	Last Name	First Name	Middle Initial	Title
	Date of Birth	FL DL/ID Number	Telephone Number w/ Area Code	
	Residence Address	City	State	Zip Code

***IMPORTANT: Please list all partners or corporate officers as they appear on the registration with the Division of Corporations. If necessary, please make copies of this page and attach it to this application.***

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**INSPECTOR PAGE**  
**Complete (1) for each Inspector**

Each PRVIP Facility must have an authorized and approved Inspector in order to become certified to conduct business. An owner may be listed as an Inspector or any other person employed and trained to conduct rebuilt inspections who have been fingerprinted and proof provided with application. Additionally, each Inspector must complete and submit a FRVIS Access Authorization Request form.

Last Name	First Name	Middle Initial	Title
Date of Birth	FL DL/ID Number	Telephone Number w/ Area Code	
Residence Address	City	State	Zip Code
Date Rebuilt Process Training Completed		Training Provider	

*Under penalty of perjury, I do swear and affirm that the information contained in this section is true and correct and that Inspector, if approved, will abide by all laws of Florida, including Chapters 319 and 320, Florida Statutes, and all applicable rules, policies, and procedures of the Department of Highway Safety and Motor Vehicles and in compliance with FLHSMV Memorandum of Understanding.*

Signature – (original signature required)	Typed Name/Title	Date
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**NOTARIAL CERTIFICATE**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The attached instrument was acknowledged before me on this date, \_\_\_\_/\_\_\_\_/\_\_\_\_ by Mr./Mrs./Ms. \_\_\_\_\_  
\_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification and who did take an oath.

Signature of Notary	Name of Notary (typed, printed or stamped)
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(Seal)

\_\_\_\_\_  
Title and Commission Serial Number

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**LOCATION CHECKLIST**

**All questions must be answered in the affirmative in order to schedule a site inspection to complete the application process.**

- ☐ Yes ☐ No Is the facility at a permanent fixed structure at an address recognized by the United States Postal Service?
- ☐ Yes ☐ No Are rebuilt inspection services the only service provided at this location?
- ☐ Yes ☐ No Does the facility have permanent signage advertising that only private rebuilt inspection services are provided at that location?
- ☐ Yes ☐ No Are normal business hours posted? Normal business hours are between 8:00 AM to 5:00 PM.
- ☐ Yes ☐ No Does the facility have a designated secured office equipped to conduct business in "good faith?" Required office equipment includes but is not limited to a telephone system, scanner, and internet connectivity for the purpose of accessing various required programs, such as the National Motor Vehicle Title Information System (NMVTIS), Web\_based Florida Real Time Vehicle Information System (web-based FRVIS), National Insurance Crime Bureau (NICB). The facility shall also provide a static IP address for secure access to the Electronic Payment System.
- ☐ Yes ☐ No Does the facility have a designated office area and customer waiting area?
- ☐ Yes ☐ No Does the facility have a rebuilt inspection area separate and visually obstructed from any area accessible to the customer?
- ☐ Yes ☐ No Does the facility have a 24/7 monitoring alarm system and surveillance cameras with 90 days recording capabilities for rebuilt inspection areas?
- ☐ Yes ☐ No Is the location large enough to accommodate all the vehicles being inspected with a covered area to accommodate at least two vehicles during inclement weather?
- ☐ Yes ☐ No Does the facility have a permanently installed safe or a secure method to store inspection rebuilt decals and other related documents including facility stamp?
- ☐ Yes ☐ No Does the facility have adequate space and security for vehicles while staging, holding, and customer parking to avoid traffic backup when loading, unloading, inspecting and parking vehicles?

*Under penalty of perjury, I do swear and affirm that the information contained in this application is true and correct and that applicant, if certified, will abide by all laws of Florida, including Chapters 319 and 320, Florida Statutes, and all applicable rules, policies, and procedures of the Department of Highway Safety and Motor Vehicles.*

*I understand that I must meet all zoning requirements and occupational license requirements that may be mandated by local or county ordinances specifically approved to conduct rebuilt motor vehicle inspections.*

*I further certify that I am authorized to bind the application with my signature.*

\_\_\_\_\_  
Signature – (original signature required)

\_\_\_\_\_  
Typed Name/Title

\_\_\_\_\_  
Date

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**CERTIFICATION**

**IMPORTANT:** This certification is required for each owner, partner, corporate officer, and inspector. If necessary, please make copies of this page and attach each completed and notarized certification to this application.

Within the last 10 years have you:

- ☐ Yes ☐ No      Been convicted of a felony?
- ☐ Yes ☐ No      Pled guilty to a felony?
- ☐ Yes ☐ No      Pled nolo contendere to a felony?
- ☐ Yes ☐ No      Been incarcerated for a felony?

**If the answer to any of the above questions is "YES", the applicant is required to supply appropriate documentation. In the case of a felony conviction, charging documents and disposition documents from the court must accompany this application.**

Do you have an ownership interest or other financial arrangement with the owner, operator, manager or employee of any of the following, from which you receive remuneration, directly or indirectly, for the referral of customers for rebuilt inspection services?

- ☐ Yes ☐ No      A motor vehicle repair shop as defined in s. 559.903?
- ☐ Yes ☐ No      A motor vehicle dealer as defined in s. 320.27(1)(c)?
- ☐ Yes ☐ No      A towing company?
- ☐ Yes ☐ No      A vehicle storage company?
- ☐ Yes ☐ No      Vehicle auction
- ☐ Yes ☐ No      An insurance company?
- ☐ Yes ☐ No      A salvage yard?
- ☐ Yes ☐ No      A metal retailer?
- ☐ Yes ☐ No      A metal rebuilder?

*Under penalty of perjury, I do swear and affirm that the information contained in this section is true and correct and that, if approved, I will abide by all laws of Florida, including Chapters 319 and 320, Florida Statutes, and all applicable rules, policies, and procedures of the Department of Highway Safety and Motor Vehicles and in compliance with FLHSMV Memorandum of Understanding.*

\_\_\_\_\_  
Signature – (original signature required)

\_\_\_\_\_  
Typed Name/Title

\_\_\_\_\_  
Date

**NOTARIAL CERTIFICATE**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

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\_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Signature of Notary

(Seal)

\_\_\_\_\_  
Name of Notary (typed, printed or stamped)

\_\_\_\_\_  
Title and Commission Serial Number