



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.
PRVIP Training Certificate

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

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.

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

**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
<hr/>			
Date of Birth	FL DL/ID Number	Telephone Number w/ Area Code	
<hr/>			
Residence Address	City	State	Zip Code
<hr/>			
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
---	------------------	------

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)
---------------------	--

(Seal)

Title and Commission Serial Number

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

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

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

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 _____

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)

(Seal)

HSMV #82997 [Effective Date: 3/2023] _____
Title and Commission Serial Number Rule 15C-22.001