

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
APPLICATION FOR FRONT END LICENSE PLATES

MAIL TO:

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
2900 APALACHEE PARKWAY, MS# 72
TALLAHASSEE, FLORIDA 32399

Fees: \$8.20 (includes \$5.00 license plate fee and \$3.20 license plate mail fee).

Name (print or type) _____
(First Name) (Middle Name) (Last Name)

Street Address _____

(City) (State) (Zip Code)

(Florida Driver's License Number) (Date of Birth) (Sex)

Owner's E-mail Address: _____

I am requesting the following "front end" license plate, as indicated:

Emergency Medical Services (Certified Emergency Medical Technician or Certified Paramedic):

A copy of your certification as provided in Florida Statutes 401 must be submitted with this application.

Firefighter:

A letter from your supervisor must be submitted with this application stating you are currently a member of the fire department who actively engages in fire fighting.

Law Enforcement Officer:

A letter from your supervisor must be submitted with this application stating you are currently an active law enforcement officer as specified in Florida Statute 943.

Emergency Management Personnel:

A letter from your supervisor must be submitted with this application stating you are currently an active emergency management personnel of the civil defense as specified in Florida Statutes 252.

I understand that if I become disassociated from the service or organization for which the special motor vehicle license plate was issued, I must return the license plate within 10 days from the date of disassociation. I also understand that any person who violates the provisions of this act by willfully or fraudulently obtaining a special motor vehicle license plate pursuant to Florida Statute 320.0898 is guilty of a misdemeanor of the second degree, punishable as provided in Florida Statutes 775.082 or 775.083.

Applicant's Signature _____