

APPLICATION FOR FRONT END LICENSE PLATES

**Please mail form to: Florida Department of Highway Safety and Motor Vehicles 2900 Apalachee Parkway, MS #72
Tallahassee, Florida 32399**

Fees: \$10.70 (includes \$5.00 license plate fee and \$5.70 license plate mail fee).

SECTION 1: APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:	Date of Birth:
Mailing Address:			
City:		State:	Zip:
Florida DL/ID Number:	Telephone Number:	Email Address:	

SECTION 2: REQUEST REASON FOR FRONT END LICENSE PLATE

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 Statute 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 firefighting.

☐ **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 Statute 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 Signature:	Date:
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