

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

SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE
www.flhsmv.gov/offices/

**APPLICATION BY FLORIDA MOTOR VEHICLE, MOTORCYCLE, MOBILE HOME OR
RECREATIONAL VEHICLE DEALER FOR TEMPORARY LICENSE PLATES**

APPLICATION IS HEREBY MADE BY A FLORIDA MOTOR VEHICLE, MOTORCYCLE, MOBILE HOME OR RECREATIONAL VEHICLE DEALER, (WHOSE NAME AND DEALER LICENSE NUMBER APPEARS BELOW)

FOR _____ TEMPORARY LICENSE PLATES, AS PROVIDED IN SECTION 320.131, F. S.
(Number of plates being requested)

TYPE OF TEMPORARY PLATES REQUESTED: (regular) (motorcycle)

REASON FOR REQUEST: (Trailers under 2,000 lbs.) (ETR Outages)

INCLUDED IS THE **REQUIRED FEE** OF: \$ _____

NAME OF THE DEALER'S ETR/EFS VENDOR: _____
(The vendor's name is required. Otherwise, provide an **explanation* of why a vendor is not applicable.)

(*EXPLANATION): _____

NAME OF THE DEALERSHIP: _____

Dealer's Address _____

City _____ State _____ Zip _____

Dealer's License Number: _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SIGNATURE: _____ DATE: _____
(Authorized Representative for Dealership)

NOTE: This form is to be accurately completed by the Florida motor vehicle, motorcycle, mobile home or recreational vehicle dealer. The original form will be retained by the authorized issuing agency (DMS Regional Office or County License Plate Agency) for a minimum of one year and a copy of this form will be returned to the dealership along with the temporary license plates and the blank HSMV 83091 forms.

FOR AUTHORIZED ISSUING AGENCY ONLY
(DMS Regional Office or County License Plate Agency)

NUMBER OF TEMPORARY LICENSE PLATES ASSIGNED: _____

ASSIGNED NUMBERS: FROM: _____ TO: _____

DATE LICENSE PLATES ASSIGNED: _____ ASSIGNED BY: _____