

**State of Florida
Department of Highway Safety and Motor Vehicles**

Registration of Mobile Home Dealer's Salesperson(s)

Adding a Salesperson Deleting a Salesperson Change of Residential Address

OFFICE USE ONLY

Mobile Home Dealer Information:

Dealership Licensee Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Dealer License Number: _____

Salesperson Information:

Salesperson's Name: _____

Date of Birth: _____
(Include month, day, and year)

Driver License Number: _____

Residence Address: _____
(Post office box may not be used in lieu of physical residence address)

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ () _____

Date of Hire: _____
(Include month, day, and year)

Salesperson Information Being Deleted:

Salesperson's Name: _____

Driver License Number: _____

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone number: _____ () _____

Date of Termination/Separation: _____
(Include month, day, and year)

License Number

Dealer FRVIS
Customer Number

Date Received in
the Regional
Office

Date Completed in
the Regional
Office

Salesperson's
FRVIS Customer
Number

"Under penalty of perjury, I do swear or affirm that all the information contained in this application is true and correct."

Signature of Principal/Officer

Typed Name and Title

Date