

State of Florida
Department of Highway Safety and Motor Vehicles

APPLICATION FOR LICENSE REPRINT

Section A: Dealer/Manufacturer Requesting License Reprint

License Number _____ Date _____

Dealer or Manufacturer Name _____

Dealer or Manufacturer Mailing Address _____ City _____ State _____ Zip _____

I certify that the license described herein has been:

- lost in transit** and never received by the business, or
- the original license issued to the business has been **lost or destroyed**, or
- the original license was received with a **printing error** (please submit license with error with this form)

I further certify that if the original license is found or received, I will immediately return it to the Dealer License Section, Division of Motorist Services.

Officer's Signature _____ Printed Name _____ Title _____

Office Use Only

Section B: Error Found In Printing of a Dealer/Manufacturer License Prior to Mailing

License Number _____ Date _____

Dealer or Manufacturer Name _____

Dealer or Manufacturer Mailing Address _____ City _____ State _____ Zip _____

Explanation of Reason for Reprint: _____

Signature of Regional Administrator or Field Supervisor _____ Region # _____

Forms control number _____ voided and license reflecting

forms control number _____ printed and mailed to dealer/manufacturer.

Date: _____ Initials: _____