

STATE OF FLORIDA
DIVISION OF MOTOR VEHICLES
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
NEIL KIRKMAN BUILDING - TALLAHASSEE, FL 32399-0500

APPLICATION FOR TRANSPORTER LICENSE PLATE

License Plate Number(s) Assigned

Name of Business

Street Address

City, State, Zip

As a representative of the above named business I hereby make application for _____ transporter license plate(s) and certify that incidental to the conduct of this business, I engage in the transporting of motor vehicles which are not currently registered to any owner and do not have a license. I understand the transporter license plate may only be used on a motor vehicle in the possession of this business while the motor vehicle is being transported in the course of this business.

I hereby submit proof of liability coverage in the amount of \$100,000.00 or more and remittance of \$ _____ which includes \$95.60 for each license plate (add \$1.50 if by mail).

Date

Signature of Owner or Authorized
Representative

**APPLICATION, PROOF OF INSURANCE AND FEES MUST BE SUBMITTED TO
YOUR LOCAL COUNTY TAX COLLECTORS OR LICENSE PLATE AGENCY FOR
PROCESSING.**