

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

**APPLICATION FOR TRANSPORTER LICENSE PLATE**

\_\_\_\_\_  
License Plate Number(s) Assigned

\_\_\_\_\_  
Name of Business/Applicant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

As a representative of the above named business, I hereby apply for \_\_\_\_\_  
(Number of Plates)

transporter license plate(s) and certify that, incidental to the conduct of this business, I engage in the transporting of motor vehicles not currently registered to any owner and do not have a license plate. 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/We certify that I/We have proof of the required liability insurance coverage for \$100,000.00 or more and a business tax receipt where applicable.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Authorized Representative

**APPLICATION, PROOF OF INSURANCE, COPY OF BUSINESS TAX RECEIPT STATEMENT AND FEES MUST BE SUBMITTED TO YOUR LOCAL COUNTY TAX COLLECTOR'S OFFICE OR LICENSE PLATE AGENCY FOR PROCESSING.**