

**State of Florida**  
**Department of Highway Safety and Motor Vehicles**  
**Division of Motor Vehicles – Bureau of Field Operations**  
**Neil Kirkman Building, Tallahassee, Florida 32399-0500**

## Registration of Mobile Home Dealer's Salesperson(s)

Adding a Salesperson    
 Deleting a Salesperson    
 Change of Residential Address

**DMV USE ONLY**

**Mobile Home Dealer Information:**

Dealer's Name: \_\_\_\_\_

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