



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**MOVER (INTRASTATE)  
REGISTRATION APPLICATION**

Chapter 507, Florida Statutes  
Rule 5J-15.001, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800  
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Remit Non-Refundable Application  
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- or -

Check or Money Order payable to  
FDACS and remit with application  
to:

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application may be subject to public review pursuant to Chapter 119, Florida Statutes (F.S.). **PLEASE TYPE OR PRINT.** Additional pages may be attached if extra space is needed. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. Biennial Registration Fee: \$600. Active-duty military, honorably discharged veterans, military spouses or surviving spouses may be eligible for a waiver of the registration fee. See section 507.03, F.S., and rule 5J-15.001, Florida Administrative Code, for eligibility requirements.

**Business Information**

Please Select one: ☐ New Filing ☐ Renewal IM#: \_\_\_\_\_ ☐ Change of Owner \_\_\_\_\_  
Previous IM#

**Registration Type (Please select):**

Intrastate Mover ☐ 0 Vehicles ☐ 1 – 2 Vehicles ☐ 3 or More Vehicles

**1. Business Name** (If applicant is not an individual, state the legal name of the entity as filed with the Florida Department of State, Division of Corporations):

**2. Form of organization:**

☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

☐ Other (please describe): \_\_\_\_\_

Date legally established: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ State: \_\_\_\_\_ Charter (Document)#: \_\_\_\_\_  
Month Day Year

If foreign (out of state corporation/entity), date registered with the Florida Department of State: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Fictitious (DBA) Name (As registered with the Division of Corporations):

Date Registered:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

**3. Physical Street Address** (Include APT or SUITE # in all address lines.):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from above):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

F&A Use Only

Org Code: 42 10 06 25 000  
EO: A2  
Object Code: 001022 \$600.00

**4. Telephone Number:**

(     ) \_\_\_\_\_

**Fax Number:**

(     ) \_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Website:**

\_\_\_\_\_

**5. Federal Employer ID Number** *[s. 119.092, F.S.]*:

-

**6. List the full names of the Florida registered agent, and all of the owners, officers, directors, managing members, or general partners (as applicable), as listed with the Florida Department of State, Division of Corporations:**  
*(Attach additional sheets as necessary using the same format.)*

**Florida Registered Agent Name** *(As listed with the Florida Department of State, Division of Corporations.):*

**Address:**

**City:**

**State:**

**Zip Code:**

-

**Telephone Number:**

(     ) \_\_\_\_\_

**Email:**

\_\_\_\_\_

**Owners, Officers, Directors, Managing Members, or General Partners:**

**Name:**

**Title:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Telephone Number:**

(     ) \_\_\_\_\_

**Email:**

\_\_\_\_\_

**Name:**

**Title:**

**Address:**

**City:**

**State:**

**Zip Code:**

-

**Telephone Number:**

(     ) \_\_\_\_\_

**Email:**

\_\_\_\_\_

**Name:**

**Title:**

**Address:**

**City:**

**State:**

**Zip Code:**

-

**Telephone Number:**

(     ) \_\_\_\_\_

**Email:**

\_\_\_\_\_

**7. List all other business locations or branch offices** (Attach additional sheets as necessary using the same format.):

<b>Name:</b> _____	<b>Telephone Number:</b> (     ) _____	
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____

**8. List all corporations, business entities** (includes LLC, Partnership, Sole Proprietorship, and Other) **and trade names through which each owner operated, was known, or did business as a mover or moving broker within the last five (5) years** (State all legal names as filed with the Florida Department of State, Division of Corporations and all fictitious names - attach additional sheets as necessary using the same format.):

<b>Business Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b> (     ) _____	<b>Florida Registration Number:</b> <b>IM/MB-</b> _____	

**9. Has the applicant or any person listed in section #6 been convicted of a crime involving fraud, dishonest dealing, or any act of moral turpitude?** [s. 507.03(8)(b), F.S.]

☐ **Yes\***   ☐ **No**     **\* If yes,** please provide the following information for each individual: (Attach additional sheets as necessary using the same format.)

**Name of Individual:**

**Nature of Offense:**

**Date:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month                      Day                      Year

**Court Having Jurisdiction:**

**Disposition of Offense:**

**Date:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month                      Day                      Year

**10. Please respond either YES or NO to the questions below for the applicant or any person listed in section #6:**

- ☐ **Yes\***   ☐ **No**     Has any person failed to satisfy a civil fine or penalty arising out of any administrative or enforcement action brought by any government agency or private person based upon conduct involving fraud, dishonest dealing, or any violation of Chapter 507, Florida Statutes? [s. 507.03(8)(c), F.S.]
- ☐ **Yes\***   ☐ **No**     Does any person have pending against him or her any criminal, administrative, or enforcement proceedings in any jurisdiction, based upon conduct involving fraud, dishonest dealing, or any act of moral turpitude? [s. 507.03(8)(d), F.S.]
- ☐ **Yes\***   ☐ **No**     Has any person had a judgment entered against him or her in any action brought by the department or the Department of Legal Affairs pursuant to Chapter 507 or ss. 501.201 – 501.213, Florida Statutes? [s. 507.03(8)(e), F.S.]

\* If **yes**, please provide the following information for each individual: *(Attach additional sheets as necessary using the same format.)*

**Name of Individual:**

**Agency or Court Issuing the Final Ruling:**

**Date of Action:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**NOTE:** It is a violation of Chapter 507, Florida Statutes, for a mover or a moving broker to knowingly refuse or fail to disclose in writing to a customer before a household move that the mover, or an employee or subcontractor of the mover or moving broker, who has access to the dwelling or property of the customer, including access to give a quote for the move, has been convicted of a felony listed in Section 775.21(4)(a)1., Florida Statutes, or convicted of a similar offense of another jurisdiction, regardless of when such felony offense was committed.

### MOVERS

**Certificate of insurance. Coverage must include:**

\_\_\_\_ **Cargo Liability** for loss or damage to household goods – not less than \$10,000 per shipment

*Or if you have two or fewer vehicles you may obtain:*

\_\_\_\_ **Performance Bond** *(Original)* in the amount of \$50,000 or an original **Certificate of Deposit** in the amount of \$50,000.

**AND**

- \_\_\_\_ **Motor vehicle coverage**, including bodily injury and property damage liability in minimum amounts of:
- i. \$50,000 per occurrence for a commercial motor vehicle with a gross weight of less than 35,000 pounds.
  - ii. \$100,000 per occurrence for a commercial motor vehicle with a gross weight of 35,000 pounds or more but less than 44,000 pounds.
  - iii. \$300,000 per occurrence for a commercial motor vehicle with a gross weight of 44,000 pounds or more.

**All insurance coverage and performance bonds for movers must be issued by a company authorized to transact business in this state, and any certificate of deposit must be in a Florida banking institution. The original bond or certificate of deposit must designate the department as the sole beneficiary. The department shall be named as a certificate holder in the certificate of insurance and must be notified at least 10 days before any changes in insurance coverage. Insurance coverage must be current and maintained throughout the registration period.**

### Application Certification

I am empowered to execute this application on behalf of the above-named entity or individual.

\_\_\_\_\_  
Print Name of Applicant/Preparer

\_\_\_\_\_  
Title and Phone Number

\_\_\_\_\_  
Signature of Applicant/Preparer

\_\_\_\_\_  
Date