



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**MOVING BROKER
REGISTRATION APPLICATION**

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

1-800-HELP-FLA (435-7352) • (850) 410-3800
www.FDACS.gov • (850) 410-3804 Fax

Remit Non-Refundable Application
Fee Online at:
www.FDACS.gov

- 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 MB#: _____ ☐ Change of Owner _____
Previous MB#

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 *(required)*:

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.):

Name: _____	Telephone Number: () _____	
Address: _____ _____		
City: _____	State: _____	Zip Code: _____

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.):

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

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 s. 775.21(4)(a)1., Florida Statutes, or convicted of a similar offense of another jurisdiction, regardless of when such felony offense was committed.

11. List all registered movers that you do business with. The list should include anyone that the moving broker has contracted or is affiliated with, advertises on behalf of, arranges moves for, or refers shippers to.

(Attach additional sheets as necessary using the same format.)

NOTE: A moving broker must notify the department of any changes to the provided information. The department will publish on its website a list of all moving brokers and the registered movers each broker is contracted with.

Registered Movers Complete Name:		Florida Registration Number:
		IM- _____
Address:		

City:	State:	Zip Code:
_____	_____	_____
Telephone Number:		Email Address:
() _____		_____

List the names of each Owner, Corporate Officer and Director for the Registered Mover above.

Name:

Name:

Name:

Registered Movers Complete Name:		Florida Registration Number:
		IM- _____
Address:		

City:	State:	Zip Code:
_____	_____	_____
Telephone Number:		Email Address:
() _____		_____

List the names of each Owner, Corporate Officer and Director for the Registered Mover above.

Name:

Name:

Name:

Type of Security Provided

12. Type of Security Provided *(Please check one and select location of security):*

- | | | |
|--|---|---|
| <input type="checkbox"/> Surety Bond (\$50,000): | <input type="checkbox"/> <i>original enclosed</i> | <input type="checkbox"/> <i>on file with the department</i> |
| <input type="checkbox"/> Certificate of Deposit (\$50,000): | <input type="checkbox"/> <i>original enclosed</i> | <input type="checkbox"/> <i>on file with the department</i> |

NOTE: Performance bonds 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.

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