



Department of Financial Services  
*Office of Insurance Regulation – Specialty Product Administration*

Licensee: \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 \_\_\_\_\_

APPLICATION for  
 LICENSE CONTINUANCE

SERVICE WARRANTY ASSOCIATION  
 “MANUFACTURER or AFFILIATE”

For the period: 03/01/20 \_\_ \_\_ to 02/2 \_\_/20 \_\_ \_\_

Federal Employer ID Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 FL Company Code: **94** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Due by March 1

**IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS SERVICE WARRANTY ASSOCIATION “MANUFACTURER or AFFILIATE” LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.**

_____	_____	_____
Name and Title	Signature	Date
_____	_____	_____
Name and Title	Signature	Date

**INSTRUCTIONS:**

1. If you wish to renew, complete and sign this application and forward it along with your remittance in the amount of \$500.00 made payable to: **Florida Department of Financial Services.**
2. The renewal application and remittance must be received on or before March 1 by:

Florida Department of Financial Services  
 Revenue Processing Section  
 Post Office Box 6100  
 Tallahassee, Florida 32314-6100

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$500.00	10	39	L	3002