



Office of Insurance Regulation
Specialty Product Administration

Licensee: _____

 Address: _____

 City, State Zip _____

APPLICATION for LICENSE
 CONTINUANCE

MOTOR VEHICLE SERVICE
 AGREEMENT COMPANY

For the period: 03/01/20 __ __ to 02/2 __ /20 __ __

Federal Employer ID Number: _ _ _ - _ _ _ _ _ _ _ _ _ _

FL Company Code: _ _ _ _ _

Due by March 1

IN COMPLIANCE WITH THE LAWS OF FLORIDA, THE ABOVE NAMED DOES HEREBY APPLY FOR RENEWAL OF ITS MOTOR VEHICLE SERVICE AGREEMENT COMPANY LICENSE AUTHORIZING THE AFORESAID TO PERFORM SUCH DUTIES IN THIS STATE PURSUANT TO THE LAWS OF FLORIDA.

_____ President's Name	_____ Signature	_____ Date
_____ Secretary's Name	_____ Signature	_____ Date
_____ Treasurer's Name	_____ Signature	_____ Date

INSTRUCTIONS:

1. If you wish to renew, complete and sign this application, detach it from this report and forward it along with your remittance in the amount of \$100.00 made payable to the **Florida Department of Financial Services**.
2. The application and remittance must be sent to:

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

3. The renewal application and remittance must be received on or before March 1.

AMOUNT	TYPE	CLASS	FEE	TR ACCT
\$100.00	10	33	L	3002