



Resilient Environment Department

**CONSUMER PROTECTION DIVISION**

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • [broward.org/consumer](http://broward.org/consumer)

**Mover Registration  
Application Information and Instructions**

**Supporting Documents**

You must attach the following supporting documentation to your application:

- A copy of your current vehicle registration(s)
- A copy of your current cargo legal liability, motor vehicle combined bodily injury and property damage liability and general liability certificates of insurance emailed by insurance carrier to the Division
- A copy of your current certificate of Workers' Compensation insurance or exemption certificate
- A copy of the business owner's current driver license
- A copy of your Corporate/Fictitious Name documents – **must show an active status**  
(not required if the corporation and/or fictitious name previously submitted is the same and active)



**Note:** certificates must prove adequate insurance coverage and be in full force and effect. The certificates must list **Broward County as a certificate holder** and must provide at least **30 days advance notice of cancellation**. If using truck rentals, provide a statement from the rental company indicating the truck is for moving purposes and submit proof of insurance.

**License Fee (Non-Refundable)**

- Annual Mover Registration .....\$400
- Late Fee .....\$30  
\*Assessed after September 30th
- Mover Permit (decal) .....\$75

**All registrations and decals expire September 30**

**Payment Methods**

- **By mail: Check only**
- **In-person: Check or credit card**

***Return this application with all necessary documentation and payments to the address above.***



Resilient Environment Department

**CONSUMER PROTECTION DIVISION**

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • broward.org/consumer

**Mover Registration Application**

*Application must be completed prior to Appointment.*

☐ New Application    ☐ Renewal Application

License Year

**Business Information**

☐ Individual    ☐ Partnership    ☐ Corporation

Business Name		Business Account <b>MV#</b>	
Does Business As (DBA)		Business Federal ID#	
Business Address	City	State	Zip
Mailing Address	City	State	Zip
Business Phone	Business Fax		
Business Mobile	Total # of Employees		
Business Email (email will be used for all future correspondence)			

**Business Owners, Partners, Directors and Officer Information**

☐ Owner    ☐ Partner    ☐ Director    ☐ Officer

Name	Federal ID # or Driver License #
Address	
<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer	
Name	Federal ID # or Driver License #
Address	
<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer	
Name	Federal ID # or Driver License #
Address	

**Yes**

**No**

☐
☐

Has any director, officer, owner or general partner been convicted of a crime involving fraud or dishonest dealings related to transportation for hire?

**If yes, please attach a summary on a separate sheet of paper – including individual's name, crime, date of conviction, sentence, a copy of the judgment or court order and any other relative information.**

☐
☐

Has any director, officer, owner or general partner not paid a civil penalty or fine arising out of any administrative or enforcement action brought by any government agency or private person based upon conduct involving fraud or dishonest dealings, or any violation of the Broward County Moving Ordinance?

☐
☐

Does any director, officer, owner or general partner have pending against her, him or it any administrative or enforcement proceeding in any jurisdiction based upon conduct involving fraud or dishonest dealings, or any violation of the Broward County Moving Ordinance?

**If yes, please attach a copy of the complaint, whether administrative or judicial, and such information as to the status at the time of filing of this application.**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has any director, officer, owner or general partner had a judgment or administrative order entered against him, her or it by any action brought by the Consumer Protection Division under the Broward County Moving Ordinance? If yes, please attach a copy of the judgment or administrative order
<input type="checkbox"/>	<input type="checkbox"/>	Has any owner, corporate officer/director been known or done business as a mover within the last 5 years? If yes, complete the following:
Corporation/Entity or Trade Name		Name of Officer/Director Affiliated To
Principal Address		

**Permit and Vehicle Information (Expires September 30) (Fees Non-Refundable)**

Mover Registration Fee	# _____ @ \$400 = _____	
Late Fee	# _____ @ \$30 = _____	
Mover Permit (decal) Fee*	# _____ @ \$75 = _____	Total \$ _____

	Current Decal Permit #	Vehicle Vin # (Last 6 digits)	License Tag #	Vehicle Gross Weight	OFFICE USE ONLY	
					Date Issued	New Permit #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with my application, except credit card numbers, is a matter of public record and is not considered confidential. Email will be used for all future correspondence.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only

Date Received \_\_\_\_\_ Receipt No. \_\_\_\_\_ Amount Paid \_\_\_\_\_ Processor \_\_\_\_\_

☐ Approved ☐ Rejected Date \_\_\_\_\_ By \_\_\_\_\_