



FORM DP-1 APPLICATION FOR MOTOR PROPERTY-CARRIER AND BROKER AUTHORITY

This application shall be completed by the applicant and filed with the Department of Transportation, Motor Vehicle Division, Bureau of Motor Vehicle Regulation, 100 North 1st Street, Tallahassee, Florida 32301.

THE APPLICANT'S NAME (Print Name) _____ (Last Name) _____	
Address _____ _____ _____	City _____ State _____ Zip _____

SECTION 1. Applicant Information

1. Are you a resident of the State of Florida? ☐ Yes ☐ No

2. If you are a resident of the State of Florida, please provide the following information:

2.1. Date of Birth (MM/DD/YYYY) _____	2.2. Social Security Number (Last Four Digits) _____	2.3. Date of Issuance of License (MM/DD/YYYY) _____	2.4. Date of Expiration of License (MM/DD/YYYY) _____	2.5. Date of Issuance of License (MM/DD/YYYY) _____	2.6. Date of Expiration of License (MM/DD/YYYY) _____
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3. If you are a resident of the State of Florida, please provide the following information:

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4. If you are a resident of the State of Florida, please provide the following information:

4.1. Date of Birth (MM/DD/YYYY) _____	4.2. Social Security Number (Last Four Digits) _____	4.3. Date of Issuance of License (MM/DD/YYYY) _____	4.4. Date of Expiration of License (MM/DD/YYYY) _____	4.5. Date of Issuance of License (MM/DD/YYYY) _____	4.6. Date of Expiration of License (MM/DD/YYYY) _____
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SECTION 2. Applicant Information

☐ Yes, I am a resident of the State of Florida.

☐ No, I am not a resident of the State of Florida.

☐ Yes, I am a resident of the State of Florida.

☐ No, I am not a resident of the State of Florida.

SECTION 3. Applicant Information

5. If you are a resident of the State of Florida, please provide the following information:

☐ Driver License Holder (Valid Driver License) ☐ Driver License Holder (Valid Driver License) ☐ Driver License Holder (Valid Driver License) ☐ Driver License Holder (Valid Driver License) ☐ Driver License Holder (Valid Driver License)	☐ Driver License Holder (Valid Driver License) ☐ Driver License Holder (Valid Driver License) ☐ Driver License Holder (Valid Driver License) ☐ Driver License Holder (Valid Driver License) ☐ Driver License Holder (Valid Driver License)
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SECTION 4. Applicant Information

6. If you are a resident of the State of Florida, please provide the following information:

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7. If you are a resident of the State of Florida, please provide the following information:

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Federal Motor Carrier Safety Regulations United States. Bureau of Motor Carrier Safety,1978 The Federal Motor Carrier Safety Administration's Progress in Improving Medical Oversight of Commercial Drivers United States. Congress. House. Committee on Transportation and Infrastructure,2008 **Federal Motor Carrier Safety Regulations & Noise Emission Requirements** United States. Bureau of Motor Carrier Safety,1980 U.S. Department of Transportation Federal Motor Carrier Safety Administration Register ,2011 *Federal Register* ,2013-12 **Zurich American Insurance Company V. Key Cartage, Inc** ,2008 *Code of Federal Regulations* ,2002 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries **Title 49 Transportation Parts 300 to 399 (Revised as of October 1, 2013)** Office of The Federal Register, Enhanced by IntraWEB, LLC,2013-10-01 49 CFR Transportation **The Code of Federal Regulations of the United States of America** ,2005 The Code of Federal Regulations is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government Code of Federal Regulations United States. Department of Agriculture,2010 Special edition of the Federal Register containing a codification of documents of general applicability and future effect as of July 1 with ancillaries **Title 49 - Transportation** Federal Register,2006-10

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