Consumer Services Department

CONSUMER PROTECTION DIVISION
140 WEST FLAGLER STREET
SUITE 902
MIAMI, FLORIDA 33130-1561

Tel: (305) 375-4222 ☏ Fax: (305) 375-3512 ☏ E-mail: consumer@.miamidade.gov

***ALLOW 30 DAYS FOR PROCESSING ***

MOTOR VEHICLE REPAIR FACILITY RENEWAL REGISTRATION APPLICATION

(By Authority of Article VII of Chapter 8A of the Code of Miami-Dade County)

(FOR OFFICE USE ONLY)

Company #_____ Shop#_____ Certification Exemption Y____N____

1. Corporate Name
(Nombre de Corporación) _____

2. Facility Name
(Nombre del Negocio) _____

3. Facility Phone Number
(Télefono del Local) _____

4. Facility Address
(Dirección del Local) _____

5. Service Manager
(Gerente de Servicio) _____

6. Ownership Type
(Tipo de Propiedad)

(_____) **SOLE PROPRIETOR** *(Propietario Absoluto)* Owner's Birth date: ___/___/___ *(Fecha de Nacimiento del Dueño)*

(_____) **PARTNERSHIP** *(Sociedad)* Partnership Date: ___/___/___ *(Fecha de Sociedad)*

(_____) **CORPORATION** *(Corporación)* Date of Incorporation: ___/___/___ *(Fecha de Corporación)*

7. Principles
(Principales)

Name:_____ **Position:**_____

Home Address:_____

City / State / Zip Code:_____

Name:_____ **Position:**_____

Home Address:_____

City / State / Zip Code:_____

Name:_____ **Position:**_____

Home Address:_____

City / State / Zip Code:_____

Registered Agent
(Agente Registrado)

Name:_____

Home Address:_____

City / State / Zip Code: _____

8. Category
(Categoria)

1. (___) Fixed Repair Facility *(Establecimiento de Reparaciones)*
2. (___) Mobile Repair Facility *(Unidad Móvil)* VIN#_____

9. Repairs Offered

Automobiles, Light Trucks and Trailers *(Automóviles, Camiones Livianos y Trailer)*

1. (___) All Repairs 2-9 *(Reparaciones del 2-9)*
2. (___) Engine Repair *(Reparación de Motores)*
3. (___) Automatic Transmission / Trans Axle *(Transmisión Automática / Eje Trasero)*
4. (___) Manual Drive Trans and Rear Axle *(Transmisión Manual / Eje Trasero)*
5. (___) Front End *(Reparaciones de Frente)*
6. (___) Brakes *(Frenos)*
7. (___) Electrical Systems *(Sistemas Eléctricos)*
8. (___) Heating / Air Conditioning *(Calefacción / Aire Acondicionado)*
9. (___) Engine Performance *(Especificaciones de Motor)*

Motorcycle *(Motocicleta)*

10. (___) Motorcycle Repair *(Reparación de Motocicleta)*

Recreational Trailers *(Traileres de Recreo)*

11. (___) Recreational Trailer *(Trailer de Recreo)*

Heavy Duty Trucks over 10,000 GVW *(Camiones Grandes más de 10,000 GVW)*

12. (___) All Truck Repairs 13-18 *(Reparaciones de Camión del 13-18)*
13. (___) Engine Repair – Gasoline *(Reparación de Motor – Gasolina)*
14. (___) Engine Repair – Diesel *(Reparación de Motor – Diesel)*
15. (___) Drive Train *(Transmisión / Eje Trasero)*
16. (___) Brakes *(Frenos)*
17. (___) Suspension / Steering *(Suspensión)*
18. (___) Electrical *(Trabajos Eléctricos)*

Other Repairs *(Otras Reparaciones)*

19. (___) Body and Collision Work *(Trabajos de Chapistería)*
20. (___) Painting and Refinishing *(Pintura y Retoques)*
21. (___) Other Specify *Otro (Especifique)* _____
22. (___) Oil Change *(Cambio de Aceite)*
23. (___) Alarm/Radio Installation *(Instalación Alarma/Radio)*
24. (___) Window Tinting *(Tinte de Ventana)*
25. (___) Glass Installation *(Instalación de Vidrios)*
26. (___) Mufflers *(Silenciadores)*
27. (___) Tire Installation *(Instalación de Llantas)*
28. (___) Diagnostic Clinic *(Diagnóstico)*
29. (___) Upholstery *(Tapicería)*

10. Names and Certification Numbers of Mechanics
(Nombre y Nùmero de Certificación de Mecánicos)

Name _____ **License/Permit#** _____

Name _____ **License/Permit#** _____

Name _____ **License/Permit#** _____

Name _____ **License/Permit#** _____

Name _____ **License/Permit#** _____

11. Have you or any partner or principle of the corporation been enjoined by a court from engaging in auto repair work with respect to the Motor Vehicle Repair Ordinance? Yes_____ No_____
(Ha estado usted o algún socio, o principal de la corporación envuelto en corte por causa de trabajo de reparación con respecto a la Ordenanza de Reparaciones de Vehículos de Motores?)

12. Have you or any partner or principle of the corporation been convicted of a violation of the Motor Vehicle Repair Ordinance? Yes_____ No_____
(Ha estado usted o algún socio, o principal de la corporación, convicto de violación a la Ordenanza de Reparaciones de Vehículos de Motores?)

APPLICATION FEES

(CUOTA DE APLICACION)

Yearly Non-Refundable Renewal Fee ----------$200.00
(*Cuota de Renovación annual No-Reembolsable)*

Late Fee ----------$100.00
(Cuota de Demora)

Reapplication fee for an abandoned application----------$200.00
(Cuota de Re-aplicación por abandono de aplicación)

APPLICATION REQUIREMENTS CHECKLIST

(LISTA DE REQUISITOS)

Submit copies of the following documents
(Submita copias de los siguientes documentos)

1. Certificate of Insurance showing or for Garage Liability no less than $50,000 limit & Garagekeepers Legal Liability in any amount (See Attachment #1) ----------☐
(Certificado de Seguro Garage Liability no menos de $50,000 de limite legal y Garagekeepers en cualquier limite Ver Adjunto #1)

2. Copy of Invoice or Receipt (See Attachment #2) ----------☐
(Copia de Factura o Recibo Ver Ejemplo Adjunto #2)

OTHER REQUIREMENTS

(OTROS REQUISITOS)

In order to obtain a renewal registration, the facility must possess valid licenses/registrations/permits for each of the requirements listed below . Check yes, no, or n/a to the following questionnaire. If you answer "No", you will be responsible for obtaining valid licenses/registrations/permits and providing the Consumer Services Department with proof of these documents.
(Para obtener una renovación de registración, el local deberá poseer una licencia/registración/permiso de los requisitos abajo mencionados. Marque si, no, o n/a a las siguientes preguntas. Si su respuesta es "No", a cualquiera de las preguntas usted será responsable por obtener una licencia/registración/permiso valido y proveer al Departamento de Servicio al Consumidor con prueba de esos documentos).

1. Do you have a valid County Occupational License?
(Tienes una Licencia Ocupacional del Condado válida?)
☐ Yes ☐ No ☐ N/A

2. Do you have a valid City Occupational License?
(Tienes una Licencia Ocupacional de la Ciudad válida?)
☐ Yes ☐ No ☐ N/A

3. Do you have a valid State Sales Tax Number Certificate of Registration?
(Tienes un Certificado de Registración Estatal del Número de Impuestos válido?)
☐ Yes ☐ No ☐ N/A

4. Do you have a valid Federal Employer Identification Number?
(Tienes un Número Federal de Empleador válido?)
☐ Yes ☐ No ☐ N/A

5. Do you have a valid DERM IW5 and/or Air Pollution Control Permit?
(Tienes un permiso IW5 de DERM y/o Control de Contaminacion del Aire válido?)
☐ Yes ☐ No ☐ N/A

6. Do you have your Articles of Incorporation or Fictitious Name Registration?
(Tienes los Artículos de Corporación o la Registración del Nombre Ficticio activo?)
☐ Yes ☐ No ☐ N/A

If required documentation is not submitted at the time the application is received, a deficiency letter allowing 30 days for compliance will be issued. Furthermore, the deficiency letter will also include other requirements, which the applicant indicated on the questionnaire, that they do not currently hold. Failure to comply with deficiencies within the allotted time will be deemed as abandonment and a re-application fee of $200.00 will apply.
**Si la documentación requerida no es sobmitida al momento que la aplicación es recibida, una carta de deficiencia concediéndole 30 dias para cumplir sera expedida. Además, la carta de deficiencia incluirá otros requisitos que el aplicante indicó en el questionario, de que el (ellos) corrientemente no posee (n). Faltar al cumplimiento de las deficiencias dentro del tiempo estipulado , se considerará como abadndono y una cuota de re-aplicación de $200.00 será impuesta.*

SIGNATURES
(FIRMAS)

- Sole Proprietor – Owner must sign
  (Propietario– Firma del dueño)
- Partnership – All partners must sign
  (Sociedad – Firma de todos los miembros de la sociedad)
- Corporation – A corporate officer must sign
  (Corporación – Firma del oficial de la corporación)

Any misleading, incomplete or false statement may be grounds for denial of this application or suspension or revocation of the registration. Failure to notify the Consumer Services Department of material changes may be grounds for suspension or revocation of the registration.
(Cualquier engañoso, incompleto o falsa declaración pudiera ser causa para denegar esta aplicación o suspensión o revocación de la registración. No notificar al Departamento de Servicio al Consumidor de algún cambio, pudiera ser causa de suspensión o revocación de la registración).

If your application is incomplete, it will be denied a filing date.
(Si su aplicación esta incompleta, se denegará la fecha de registración).

I/we, _____, the undersigned _____
(Print Name) **(Print Title)**
of the business known as _____, certify or declare under penalties of perjury under the laws of the State of Florida, that all statements and representations made in this application, including all statements attached hereto, are true and correct and agree to abide by the provisions of Article VIIA of Chapter 8A of the Code of Miami-Dade County. I/we understand that if I/we do major repairs, I/we shall employ mechanics certified with Miami-Dade County in the categories of repair I/we offer.

_____ _____
(Signature) **(Date)**

_____ _____
(Signature) **(Date)**

(Yo/Nosotros,,_____,el abajo firmante _____
(Imprima el Nombre) ***(Imprima el Titulo)***

del negocio conocido como _____, certifico o declaro bajo penalidad de perjurio bajo las leyes del estado de la Florida, que todas las declaraciones o representaciones hechas en esta aplicación, incluyendo todas las declaraciones adjuntas, son verdaderas y correctas y acuerdo en cumplir con las provisiones del Artículo VIIA del capítulo 8A del Código del Condado de Miami-Dade. Yo/Nosotros entendemos que si yo/nosotros debemos emplear mecánicos certificados con el Condado de Miami-Dade en las categories de reparación que yo/nosotros ofrecemos.

_____ _____
(Firma) ***(Fecha)***

_____ _____
(Firma) ***(Fecha)***

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AFFIDAVIT OF FINANCIAL LIABILITY

Do you, or any partner(s) or corporate officer(s), if applicable, owe money to Miami-Dade County, Florida, either individually or through any other business, as a result of any of the following:

(i) unpaid civil penalties;
(ii) unpaid administrative costs for a hearing;
(iii) unpaid County investigative, enforcement, testing or monitoring costs; or
(iv) unpaid liens?

Yes:
No:

I hereby certify that all information provided is true and correct. By signing this document, I acknowledge that if the information provided is not true and correct, my registration/permit/certificate will be suspended or revoked.

Print Name: Signature: Date:

DECLARACIÓN DE DEUDA FINANCIERA

Usted, o algún socio(s) u official(es) de la corporación, si aplica, debe dinero al Condado de Miami-Dade, Florida, ya sea individualmente o através de cualquier otro negocio, como resultado de cualquiera de lo siguiente:

(i) penalidades civiles no pagadas;
(ii) costos administrativos por una audiencia, no pagado
(iii) costos de investigación, cumplimiento de la ley, pruebas o aviso del Condado, no pagado; o
(iv) gravámenes, no pagados?

Si:
No:

Por esto yo certifico que toda la información proveída es correcta y verdadera. Firmando este documento yo confieso que si la información proveída no es verdadera y correcta, mi registración/permiso/certificado sera suspendido o revocado.

Imprima el Nombre: Firma: Fecha:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

RODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

DRAFT

INSURERS AFFORDING COVERAGE

ISURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

OVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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SR TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	$
	CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
					PERSONAL & ADV INJURY	$
					GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
X	X ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$ $50,000
	EXCESS LIABILITY				EACH OCCURRENCE	$
	OCCUR / CLAIMS MADE				AGGREGATE	$
						$
	DEDUCTIBLE					$
	RETENTION $					$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS / OTHER	
					E.L. EACH ACCIDENT	$
					E.L. DISEASE - EA EMPLOYEE	$
					E.L. DISEASE - POLICY LIMIT	$
	OTHER Garage Keepers				Limit	

ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: ____

Miami-Dade County
Consumer Protection Division
140 W. Flagler Street, #902
Miami FL 33130

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL ____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

DRAFT

AUTHORIZED REPRESENTATIVE

Attachment #4
Adjunto #4

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.

_____ I REQUEST A WRITTEN ESTIMATE.

_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED:_____ DATE:_____

MVR# MV#

_____month/_____mile warranty on all part and labor unless otherwise specified.

Intended Payment Method:

(CASH CHECK VISA MC AMEX)

Proposed Complete Date:

Name:	Home Ph:
Address:	Work Ph:
City: State: Zip:	Date: Time:
Other Authorized Person:	Phone:
Year/Make: Model:	Tag: Miles In:
Save Old Parts: Yes No (Core may apply)	Miles Out:
Customer Complaint/Problem:	

*U/Used R/Rebuilt RC/Reconditioned NC/No Chg/Warranty RD/Reduced/Warranty

QTY	PART Nº	DESCRIPTION	*	PRICE	EXTEND

LABOR CHARGES BASED ON:

[ ] FLAT RATE _____ [ ] HOURLY RATE_____

[ ] BOTH APPLY_____

ESTIMATE/DIAGNOSTIC FEE:

$_____ / OR HOURLY AT

$_____ PER HOUR

A STORAGE FEE OF $ _____ PER DAY MAY BE APPLIED TO VEHICLES WHICH ARE NOT CLAIMED WITHIN 3 WORKING DAYS OF NOTIFICATION OF COMPLETION.

The following repairs were made within to your vehicle:	Labor Charge	ESTIMATED REPAIR COST/SHOP SUPPLIES
		$
		CHARGES:
		PARTS: $
		LABOR: $
		SUBLET:
		OTHER $
		**SHOP SUPPLIES: $
		***FEES: $
		Subtotal: $
		Tax: $
		TOTAL $

***This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. ***FS403.718 mandates a $1.00 fee for each new tire sold in the State of Florida. ***FS403.7185 mandates a $1.50 fee for each new or remanufactured battery sold in the State of Florida.*

Estimate good for 30 days. Not responsible for damage caused by theft, fire or acts of nature. I hereby authorize the above repairs, including sublet work, along with the necessary materials. You and your employees may operate my vehicle for the purpose of testing, inspection and delivery at my risk. If I cancel repairs prior to their completion for any reason, a teardown and reassemble fee of $_____ will be applied X_____ Date_____

MOTOR VEHICLE REPAIR SHOP APPLICATION QUESTIONNAIRE

1. Was the application easy to understand?
   (¿Le fue fácil entender la aplicación?)
   YES_____ NO_____

2. Were the samples/instructions provided in the registration package useful in assisting you with the completion of the application?
   (¿Encuentra usted que los ejemplos e instrucciones le sirvieron de ayuda para completar la aplicación?)
   YES_____ NO_____

3. How long did it take you to complete the application?
   (¿Cuánto tiempo le tomó completar la aplicación?)
   0-15MIN._____ 16-30MIN._____ 31-45MIN_____ 45MIN. OR MORE_____

Please feel free to provide us with your comments regarding the application process along with any suggestions you may have that would make the application process easier.
(Favor de darnos su comentario sobre el proceso de la aplicación con cualquier sugerencia que usted tenga para hacer el proceso más fácil.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

*RETURN THE COMPLETED QUESTIONNAIRE ALONG WITH YOUR RENEWAL/INITIAL APPLICATION.
(ENTREGE EL CUESTIONARIO COMPLETO JUNTO CON SU APLICACIÓN INICIAL/DE RENOVACIÓN.)

On behalf of the Licensing and Enforcement Section, we thank you for taking the time to complete our questionnaire. We strive to be 100% customer friendly. If at any time you should require assistance, please feel free to contact any member of our licensing and enforcement staff and we will gladly assist you with your needs.
(En nombre de nuestro equipo de Licencias y oficiales, les damos las gracias por haber tomado el tiempo para completar nuestro cuestionario. Nosotros tratamos de cumplir al 100% con nuestros clientes. Si en cualquier momento le fuera necesario la asistencia de uno de nuestros miembros de licencias u oficiales, con mucho gusto nosotros le trataremos de servir.)