Florida Temp Tag System

New Dealer Employee Registration Form

Email Address:		Address:
Dealer License No:		City:
Social Security No:		State:
Driver License No:		_ County:
First Name:		Zip Code:
Middle Name:		Country:
Last Name:		Home Phone:
Date of Birth:		Office Phone:
Sex: Male:	Female:	Cell Phone:
Be aware you shou	•	ername or password with anyone. Each
. ,		the terms to a program other them on intended
and violations will h		e the temp tag program other than as intended notes. You are required to know the law and al consequences.

Dealer Employee Signature