

## **Division of Motorist Services**

Bureau of Commercial Vehicle and Driver Services

## CARRIER SERVICE PROVIDER CONTACT SHEET

A Carrier Service Provider must provide contact information to the Bureau of Commercial Vehicle and Driver Services (Bureau) for the Bureau to effectively relay policy and procedural requirements that impact how the Carrier Service Provider's employees transact with the Bureau as authorized agents. A Carrier Service Provider should also keep the Bureau informed if its contact information changes. To report changes, please send a new contact sheet to: CVDSSubmit@flhsmv.gov.

Contact information is requested as a business courtesy. If not provided or updated timely, the Carrier Service Provider's ability to successfully transact with the Bureau may be negatively impacted.

	New	Update to Previously Submitted Contact Information
CONTACT INFORMAT	TION	
Name of Carrier Service	ce Provider:	
Primary Mailing Addres	ss:	
		S) FOR THE CARRIER SERVICE PROVIDER
PRIMARY:		
Name:		Title:
Email Address:		Telephone:
ALTERNATE CONTA	CT (Will be copied o	n ALL print and email correspondence):
Name:		Title:
Email Address:		Telephone:
IF YOUR COMPANY H	HAS ADDITIONAL O	WNERS, PLEASE LIST:
Name:		Title:
Name:		Title:
		NOTARY INFORMATION
If your Carrier Services below to print the notal		tarization services for IRP and IFTA transactions, please use the space commissioned:
Name:		
Name:		

**NOTE:** A notary may not notarize the signature of immediate relatives (spouse, child, parent), per section 117.107(11), Florida Statutes. Also, per s. 117.107(12), F.S., owners and officers of the Carrier Service Provider may not notarize the customer's signature on Part I of Form HSMV 96440 (Power of Attorney), but they may notarize the signature of affiants on Part II of Form HSMV 96440. Refer to Chapter 117, F.S. for other notary requirements.