



# Fax Registration Form Pre-Licensing Seminar

To satisfy the DMV education requirement necessary to obtain your dealer's license, attendee must be an owner, partner, corporate officer, or a general manager. Please complete one registration form for each attendee. Fax form to 850-385-3251 at least two business days prior to selected class date. Applications for registration are accepted in the order they are received by FIADA up to the capacity of each class. FIADA will inform you if space is unavailable. Office hours are Monday - Friday 8:30am to 5pm.

**Attendee Information:**

\*Legal First Name: \_\_\_\_\_ \*MI: \_\_\_ \*Legal Last Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Residential Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_ \*Zip: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_ Fax: \_\_\_\_\_

| <b><u>Seminar Information:</u></b>                                       | Pre-Pay Rate                   | Pay at Door Rate               |
|--|--------------------------------|--------------------------------|
| Two-Day Pre-Licensing Seminar Required for Independent(Used Car) License | <input type="checkbox"/> \$155 | <input type="checkbox"/> \$180 |
| One-Day Pre-Licensing Seminar Franchise/Wholesale License Only           | <input type="checkbox"/> \$85  | <input type="checkbox"/> \$100 |

Please enter the date and city of your preferred pre-licensing seminar in the fields below. If your pre-licensing seminar selection is filled, you will be notified by phone to select another data and location within one business day of receipt of your registration application.

\*Pre-Licensing Seminar Date: \_\_\_\_\_ \*City: \_\_\_\_\_

To view the pre-licensing seminar schedule, please visit [www.fiada.com](http://www.fiada.com) and select Calendar of Events.

How would you like to receive confirmation of your registration? Email Fax

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| <b><u>Credit Card Authorization</u></b> |   |
| Name on Card _____                      | Card Number _____                       |
| Exp Date _____                          | Security Code _____ Billing Phone _____ |
| Billing Address, City, State, Zip _____ |   |
| Authorized Signature X _____            |   |