



**Application for  
Renewal/Change  
and/or Replacement  
of Certificate of  
Authorization as  
Motor Vehicle  
Messenger Service**

For Department Use Only

To Add, Delete or Change **Employee** Information, you MUST Complete Form MV-73B.

**INSTRUCTIONS:**

1. Renewal of Registration - Complete Section A, B & F - Fee: \$50 Main Office / \$25 Branch Office
2. Duplicate Certificate of Authorization - Complete Section A, C & F - Fee: \$2.50
3. Change of Address - Complete Sections A, D & F - Fee: \$5
4. Replacement of Photo ID Card - Complete Sections A,E & F - Fee: \$2.00

**A CURRENT REGISTERED NAME AND ADDRESS OF MESSENGER SERVICE**

Name as Now Registered	Messenger No.
Street Address as Now Registered (Principal Place of Business)	
City	County
State	Zip

**B RENEWAL APPLICATION**

I (We) are applying for renewal of certificate(s) of authorization for the following office(s) holding registration number(s):

1. Main Office	2. Branch	3. Branch	4. Branch
5. Branch	6. Branch	7. Branch	8. Branch
9. Branch	10. Branch	11. Branch	12. Branch

**CERTIFICATION OF BOND** - The following must be completed by surety in conjunction with renewal.

I certify that this messenger service is bonded by:

Bonding Company Name	Bond Number	For the registration year ending June 30, 20 _____
Signature of Bonding Agent	Print Bonding Agent's Name as Signed	Bonding Agent's Telephone Number
Messenger Contract Number	Check One: <input type="checkbox"/> Bond Renewal <input type="checkbox"/> New Bond (Must be Attached)	

**C APPLICATION FOR DUPLICATE CERTIFICATE OF AUTHORIZATION**

I (We) are applying for a duplicate certificate with no changes because the original certificate was:  Lost  Stolen  Defaced  Never Received

**D APPLICATION FOR REPLACEMENT OF CERTIFICATE DUE TO CHANGE OF BUSINESS ADDRESS (FEE \$5.00)**

Photos of office interior and exterior must be attached. Rider from bonding company must be submitted.

New Street Address

City

State

Zip

Will the new business address be used solely for messenger service business?  Yes  No

If no, list below other type(s) of business(es) which will be conducted at this location.

\_\_\_\_\_

\_\_\_\_\_

The property at the new address is:  Owned  Leased (check one) (Attach copy of lease or deed to this application.)

**E APPLICATION FOR REPLACEMENT OF PHOTO IDENTIFICATION CARD**

Please issue a new photo ID card to the following employee currently designated to conduct business in the Bureau of Motor Vehicles:

Name	Reason: (Check one) <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Defaced
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**F CERTIFICATION**

I (We) certify under penalty of law that the above information is complete, true and correct. **WARNING:** THE MIS-STATEMENT OF FACTS OR FAILURE TO NOTIFY THE DEPARTMENT OF CHANGES ON THIS APPLICATION FORM SHALL BE GROUNDS FOR SUSPENSION OF YOUR CONTRACT.

\_\_\_\_\_  
Signature of Owner or President of Corporation

\_\_\_\_\_  
Signature of Co-Owner or Other Corporate Officer

\_\_\_\_\_  
Date

**DEPARTMENT USE ONLY**

Requested items processed.

Mailed by \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

Initials

Initials