



Application/Order Form for Boat Decal Sets

**DR-42
R. 10/10**
Rule 12A-1.097
Florida Administrative Code

The number of decal sets initially available to each registered boat or yacht dealer is limited to the number of qualified tax-exempt sales to nonresidents that the dealer made in the prior year. These sales must have been properly accounted for to the Department.

Registered boat or yacht dealers, who sell qualified boats tax-exempt to nonresident purchasers, may also sell a decal set to their customers. These decals identify the boat when the purchaser desires to remain in Florida waters for up to 90 days after the date of purchase. The decals must be placed on the **port and starboard sides** of the boat **by the dealer or broker prior** to delivery to the customer. The purchaser is **NOT** allowed to affix the decals.

Please fill out the application below and return it with a check made payable to the Florida Department of Revenue for the total amount due. Each decal set costs \$20.00.

Mailing Address

Compliance Campaigns
Florida Department of Revenue
PO Box 6417
Tallahassee FL 32314-6417

Overnight Service


Compliance Campaigns - Room 1-2800
Florida Department of Revenue
5050 W Tennessee ST
Tallahassee FL 32399-0133

If you desire to have these sets returned to you by other than the U.S. Postal Service, please include your overnight service account number or a preaddressed, prepaid air bill.

If we can be of assistance, please call us at 850-487-6757 until October 26, 2010. After October 26, 2010, please call 850-617-8594.

Notes: If you mail this application by U.S. Postal Service, it may take approximately 14 days to fill your order.

If you send this application without your overnight service number, this will also slow down the processing of your application.

 Detach before returning application.

Boat/Yacht Dealer Application

Please send _____ 90 day cruising permit decal sets to:
Attention: _____
Business name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Florida sales and use tax number: _____
Telephone number: _____ Amount enclosed: \$ _____
Signature: _____ Date: _____

Please fill out entirely. Incomplete documents slow down our processing of your application.