



Doug Belden, Tax Collector

Application for Additional Tow Truck Permits

Business Name: _____

Indicate the type of service and the number of additional tow truck permits you are requesting:

_____ Number of Light Recovery (up to 10,000 lbs. GTW - Class A)

_____ Number of Light Car-Carrier (up to 10,000 lbs. GTW - Class A)

_____ Number of Medium Recovery (10,001 to 16,000 lbs. GTW - Class B)

_____ Number of Medium Car-Carrier (10,001 to 16,000 lbs. GTW - Class B)

_____ Number of Heavy Recovery (16,001 lbs. and up GTW - Class C)

_____ Number of Heavy Car-Carrier (16,001 lbs. and up GTW - Class C)

Note: Law Enforcement Agencies do not confer with the Hillsborough County Tax Collector's Office when determining which businesses are granted a position on its rotation list. The determination of which businesses are granted a rotation position rests solely with the Law Enforcement Agencies to which you apply.

_____ Initial here to acknowledge that you have read and understand the above information.

Application for Additional Tow Truck Permits

Name of Business: _____

Physical address where business is operated: _____

City _____ State _____ ZIP _____

Phone : _____ Fax: _____

E-mail: _____

Business Mailing Address (complete only if different from above):

Owner's Full Name: _____

Owner's Street Address: _____

City _____ State _____ ZIP _____

Phone: _____ Fax: _____

Email Address: _____

Manager's Full Name: _____

Manager's Local Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email Address: _____

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REQUIRED Documents Checklist:

Attachment 1: The business must identify & list all tow trucks utilized by the business. The list shall include the year, make, model and Vehicle Identification Number (VIN) on the prescribed form.

Attachment 2: Three Proofs of Insurance: Commercial motor vehicle liability insurance for each **additional** tow truck, garage liability insurance and garagekeeper's legal liability insurance.

Attachment 3: Vehicle Registration for each **additional** vehicle.

Attachment 4: An ASE Certification form for each **additional** vehicle. Each vehicle must be inspected and certified safe by an ASE (Automotive Service Excellence) certified mechanic or commercial auto repair facility licensed by the State of Florida. (Form HCTC_P2)

Attachment 5: The business must identify & list all drivers utilized by the business. The list shall include the name, address, date of birth and phone number for each driver on the prescribed form.

Note: All drivers must be issued a public vehicle driver's license to operate any Vehicle for Hire.

Attachment 6: Acknowledgement of Ordinance 17-34; Exhibit A

Attachment 7: Compliance Affidavit; Exhibit B.

TOWING & IMMOBILIZATION CERTIFICATE APPLICATION

Exhibit A

Acknowledgement of Ordinance 17-34 and Resolution R17-152
For the Regulation of Towing & Immobilization Services

Ordinance 17-34 and Resolution R17-152 details important information about the rules and regulations of Towing & Immobilization Services.

I understand that it is my responsibility to read, understand and comply with the Ordinance, Resolution and any revisions made.

I have read and understand the Ordinance and Resolution, its requirements and the penalties imposed as defined.

Signature:

Date:

Applicant's Initials _____

TOWING & IMMOBILIZATION CERTIFICATE APPLICATION

Exhibit B

Compliance Affidavit

_____, of _____,
(Individual or Representative) (Company or Corporation)

do hereby swear/affirm that the listed applicant company is in compliance with all applicable county and municipal ordinances and codes; state laws, regulations and codes; and federal laws and codes.

Applicant's signature: _____

Must be signed in presence of notary public.

State of Florida

County of _____

On this _____ day of _____ 20 _____,

personally appeared before me the above named person, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public _____

My commission expires: _____

Applicant's Initials _____