



Doug Belden, Tax Collector

TOWING & IMMOBILIZATION CERTIFICATE APPLICATION

Business Name: _____

Indicate the type of service and the number of vehicle permits to perform this service.

_____ **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.

TOWING & IMMOBILIZATION CERTIFICATE APPLICATION

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: _____

TOWING & IMMOBILIZATION CERTIFICATE APPLICATION

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, class, and Vehicle Identification Number (VIN) on the prescribed form.

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

Attachment 3: Vehicle Registration for each vehicle.

Attachment 4: An ASE Certification form for each 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: Copy of current Business Tax Receipt.

Attachment 7: Articles of Organization, FL Profit Corporation, or Limited Partnership, registered with the Division of Corporations at Sunbiz.org. Include fictitious name registration when applicable.

Attachment 8: Acknowledgement of Ordinance 17-34; Exhibit A

Attachment 9: 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 _____