



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 (Acord) 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. (Towing-Mechanical Inspection Form HCTC REV 12/19)

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 and Compliance Affidavit





## TOWING & IMMOBILIZATION CERTIFICATE APPLICATION

### Acknowledgement of Ordinance For Regulation of Vehicles for Hire

The Ordinance details important information about the rules and regulation of Vehicles for Hire, including Towing and 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, Resolution, its requirements and the penalties imposed as defined.

### Vehicle for Hire Permit Application Compliance Affidavit

\_\_\_\_\_  
(Individual or Representative)

of \_\_\_\_\_  
(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.

Under penalties of perjury, I declare that I have read the foregoing document and the facts stated in it are true.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

Applicant's Initials \_\_\_\_\_