



CONSUMER PROTECTION DIVISION

140 WEST FLAGLER STREET
SUITE 902
MIAMI, FLORIDA 33130-1561

Tel: (305) 375-4222



Fax: (305) 375-3512



E-mail: consumer@miamidade.gov

VEHICLE IMMOBILIZATION INDIVIDUAL PERMIT APPLICATION

By Authority of Article III of Chapter 30 of the Code of Miami-Dade County

Please type or Print

(Check One)

Initial Application ( ) Renewal Application ( ) Permit #

1. Last Name First Name M.I.

2. Date of Birth: Social Security Number: Email Address:

3. Residential Address:

City State Zip Code
4. Telephone Number Beeper/Cellular

5. Criminal Background - State the name, offense and disposition(s) of any applicant, officer, director or partner of the applicant, stockholder owning, holding, controlling or having a beneficial interest in five (5) percent or more of issued and outstanding stock in the corporation or beneficial interest therein, who has any outstanding arrest warrants or who has been convicted of one or more of the following felonies within the preceding five (5) years or three (3) misdemeanors within the thirty-six (36) month period preceding the date of the application: Criminal Homicide; Kidnapping; a sexual offense; Robbery; Burglary; Arson; Fraud; Theft if the offense was committed against a person with whom the applicant came in contact with while engaged in the services regulated by this section; public indecency; possession of a weapon; and a violation of any laws regarding controlled substances.

Table with 3 columns: Name, Offense/Warrants, Disposition

(Please attach a court certified copy of the dispositions and additional sheets if necessary)

Note: If you are the owner of an immobilization business and have already submitted photographs and fingerprints in connection with obtaining your business application, you do not have to re-submit fingerprints and photographs for yourself.

6. Provide a set of fingerprints and two (2) passport sized photographs taken by the Miami-Dade Police Department and Attach hereto.

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7. Please note that fees are subject to change based on the Consumer Price Index; Effective October 1<sup>st</sup> of every year.

Background Check Fee/ <i>Costo para verificación de antecedente criminal</i> -----	\$24.00
Renewal Fee/ <i>Cuota de Renovación</i> -----	\$85.00
Late Fee/ <i>Cuota de atraso</i> -----	\$42.50
Licensing fees are non- refundable <i>La Cuota de la licencia no son reembolsables</i>	

8. List the name(s), address, telephone number(s), and registration number(s) of the vehicle immobilization business that you operate or are currently employed by. (Attach additional sheets if necessary)

Business Name	Registration Number	Telephone	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____

The following questions are optional and will be used for statistical purposes ONLY.

9. Race – (Check appropriate answer)  
 While (Non-Hispanic)  Hispanic  
 Black  Other (Describe) \_\_\_\_\_

10. National Origin – (Check appropriate answer)  
 U.S.A  Colombian  Nicaraguan  Other (Describe) \_\_\_\_\_  
 Cuban  Hatian  Puerto Rican

11. Primary Language Spoken – (Check appropriate answer)  
 English  Creole  
 Spanish  French  Other (Describe) \_\_\_\_\_

12. Gender  
 Male  Female

13. Applicant Signature:

I, \_\_\_\_\_, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true. I declare that I will abide by the provisions of the aforementioned article.

_____ Signature	_____ Date
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It is your obligation to notify the Consumer Services Department of any material change pertaining to the information in this application. If your application is incomplete, it will be denied a filing date and returned to you unprocessed. Make checks payable to “Board of County Commissioners.”

Mail Completed application and, if applicable, the \$85.00 fee to:  
 Miami-Dade County Consumer Services Department  
 140 West Flagler Street, Suite 902, Miami, FL 33130

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## ADDENDUM TO APPLICATION

Pursuant to Section 119.071(5), Florida Statutes (2007), agencies are required to adopt a written Social Security number collection policy.

The Consumer Services Department collects your Social Security number for the following purposes: Identification and Verification.

For those applying for a license, registration or certificate requiring a criminal background check, your Social Security number will also be used to verify this information.

Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

*Acordando con la Sección 119.071(5), del estatuto de la Florida (2007), agencias gubernamentales están requeridas a proveer un aviso escrito en referencia a la solicitud de su número de seguro social.*

*El Departamento de Servicios al Consumidor pide su número de seguro social por las siguientes razones: Identificación y Verificación.*

*Para los que aplican para una licencia, certificado o registracion requiriendo un chequeo criminal, su número de seguro social será usado para verificar información.*

*Números de seguro social son utilizados para identificar su número específico y para buscar su licencia.*

All applications must be entirely filled out by the person applying for the license. Incomplete applications, such as those without full payment, signature or required documents will be immediately denied. A copy of the applicant's picture identification will be required if someone else is submitting the application and paperwork for the applicant.

Toda solicitud será llenada únicamente por el solicitante. Solicitudes incompletas, tales como las que no incluyen todo el pago, estén sin firmar, o sin los documentos requeridos serán inmediatamente negadas. Si otra persona, en lugar del solicitante, esta proveyendo esta solicitud y los documentos requeridos, también tendrá que suministrar una copia de la identificación con foto del solicitante

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