



**Department of Regulatory and Economic Resources
For-Hire Transportation, Business Affairs
VEHICLE OPERATING PERMIT APPLICATION**

*Complete one application for **each** County regulated vehicle being entered into or removed from service. Each application must attach a Certificate of Insurance or a certified copy of insurance policy which complies with the applicable requirements set forth in Chapter 4 or Chapter 31 of the Miami-Dade County Code. Also, the undersigned certifies that all information provided in this document is true and accurate.*

1. IDENTIFICATION OF LICENSE /CERTIFICATE HOLDER

Name of License/Certificate Holder _____ Certificate/For-Hire License # _____
 Doing Business As _____ Daytime Phone Number _____
 Mailing Address _____ Zip Code _____

2. IDENTIFICATION OF VEHICLE TO BE PLACED INTO SERVICE (also complete Section 4 below)

State License Tag # _____ VIN # _____ Company Unit # _____
 Year/Make/Model _____ Gross Seating Capacity _____
 Body Style /Type _____

3. IDENTIFICATION OF VEHICLE TO BE REMOVED FROM SERVICE

State License Tag # _____ VIN # _____ Company Unit # _____
 Year/Make/Model _____ Certificate/For-Hire License# _____
 The vehicle has been disposed of in the following manner _____
Print Name of Person Signing This Form _____
 Signature of License /Certificate Holder or Authorized Legal Representative _____
 Date _____

4. APPLICATION FOR ISSUANCE OF VEHICLE OPERATING PERMIT

The undersigned hereby makes application for the issuance of a Vehicle Operating Permit for the vehicle described in Section 2 above. The undersigned further understands that if a permit is issued, he or she is bound by the provisions in Chapter 4 and/or Chapter 31 of the Code of Miami-Dade County.

_____ Print Name of **Person Signing This Form** _____ Signature of License/Certificate Holder or Authorized Representative _____ Date

FOR OFFICIAL USE ONLY

Amount Received \$ _____ Check # _____ Date Received _____ OP Serial# _____
 _____ VIN # Check
 _____ Old OP Received _____ Passed Vehicle Inspection
 _____ New OP Issued _____ Failed Vehicle Inspection

Remarks _____

Signature _____ Date Completed _____