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## APPLICATION FOR VEHICLE IMMOBILIZATION REGISTRATION

**Application Type:** Check one of the following:

☐ Initial

☐ Renewal

☐ 2yr Renewal

**TYPE OF OWNERSHIP:** Check one of the following:

☐ Corporation

☐ Sole Proprietor

☐ Fictitious Name

☐ Other \_\_\_\_\_

### **BUSINESS INFORMATION:**

Company Name: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Address : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address: \_\_\_\_\_ County Vehicle Immobilization Number: \_\_\_\_\_

Federal Tax Identification Number (FEID#): \_\_\_\_\_

### **OWNER/OFFICER INFORMATION:** (Please attach a separate paper for additional owners/officers)

Owner/Officer Name: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Owner/Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

**Please answer yes or no to the following questions:**

**Yes ☐ No ☐** Do you, or any partner(s), corporate officer(s) or stockholder(s) owning, holding, controlling or having a beneficial interest in five(5) percent or more of the issued and outstanding stock, as applicable, have a currently suspended vehicle immobilization license, have outstanding and unsatisfied civil penalties imposed due to violations related to vehicle immobilization or had a vehicle immobilization license that was revoked by action of the Miami-Dade County Consumer Protection Division within two (2) years of the date of this application?  
*If yes, please provide details on a separate sheet.*

**Yes ☐ No ☐** Do you, or any partner(s), corporate officer(s) or stockholder(s) owning, holding, controlling or having a beneficial interest in five (5) percent or more of the issued and outstanding stock, as applicable, have any outstanding arrest warrants, have three (3) or more misdemeanors that were committed within the last thirty-six(36) months or have one(1) or more felony convictions within the last five years involving criminal homicide; kidnapping; a sexual offense; an assaultive 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 towing or storage services; public indecency; possession of a weapon; and a violation of any laws regarding controlled substances?  
*If yes, please provide details on a separate sheet.*

**Yes ☐ No ☐** Do you, or any partner(s) or corporate officer(s), or stockholder(s) owning, holding, controlling or having a beneficial interest in five (5) percent or more of the issued and outstanding stock, as applicable, owe money to Miami-Dade County, Florida either individually or through any other business, as a result of the following: unpaid civil enforcement, testing or monitoring costs; or unpaid liens?  
*If yes, please provide details on a separate sheet.*

**LIST ALL PERSONS PERFORMING IMMOBILIZATION WORK.**

(Please attach a separate paper for additional names).

NAME	CERTIFICATION #

**Complete the following checklist including those items attached or enclosed with this application:**

- Renewal Applications Need Only Include the Underlined Items Below -

- |   |   |
|---|---|
| <input type="checkbox"/> <u>License Fees</u>                                      | <input type="checkbox"/> <u>County Local Business Tax Receipt</u> |
| <input type="checkbox"/> <u>Certificate of Insurance</u>                          | <input type="checkbox"/> <u>Vehicle Immobilization Rates</u>      |
| <input type="checkbox"/> <u>Articles of Incorporation or Fictitious Name Reg.</u> | <input type="checkbox"/> Description of Services                  |
| <input type="checkbox"/> <u>Completed Application</u>                             | <input type="checkbox"/> Certificate of Use and Occupancy         |
| <input type="checkbox"/> <u>Copy of Owner's Driver's License</u>                  | <input type="checkbox"/> Description of Management Plan           |

I, \_\_\_\_\_, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that, pursuant to the Article III of Chapter 30 of the Code of Miami-Dade County, the license number appearing on the license certificate must appear in all advertisements. This requirement pertains to all media to include: free and paid listings in telephone directories, business forms, business cards, flyers, radio, television and internet ads, commercial vehicle ads, signs, announcements, and displays. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

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**FOR ALL CORPORATE OFFICERS AND SOLE PROPRIETORS**

**Social Security Number Collection Policy:** Pursuant to section 119.071(5) of the Florida Statutes, agencies are required to adopt a written Social Security Number Collection Policy. The Office of Consumer Protection collects your Social Security number for verification of identification purposes. Please enter **only** the last four numbers of your Social Security number in the space(s) provided below. Upon completion of the criminal background search, your Social Security number will be redacted from our file. **Only enter the last four (4) numbers of your Social Security number below.**

\_\_\_\_\_/   
Name/**ONLY Last (4) four** of Social Security Number

\_\_\_\_\_/   
Name/**ONLY Last (4) four** of Social Security Number

\_\_\_\_\_/   
Name/**ONLY Last (4) four** of Social Security Number

\_\_\_\_\_/   
Name/**ONLY Last (4) four** of Social Security Number

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.