



Tel: 786-469-2300



Fax: 786-469-2311



email: license@miamidade.gov

APPLICATION FOR VEHICLE IMMOBILIZATION INDIVIDUAL PERMIT

Application Type: Check one of the following:

Initial

Renewal

2yr Renewal

APPLICANT INFORMATION:

Full Legal Name (*Last, First M.I.*): _____

Residential Address: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Email Address: _____ Vehicle Immobilization Permit Number: _____

Date of Birth: _____

EMPLOYMENT INFORMATION: (Please attach additional sheets of paper if necessary)

Business Name: _____

Business Name: _____

Registration Number: _____

Registration Number: _____

Address : _____

Address : _____

Zip Code: _____

Zip Code _____

Business Phone: _____

Business Phone: _____

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

Completed Application

License Fees(See Attachment)

Copy of Applicant's Driver's License

* A photograph will be required for completion of this application. The photograph will be taken at The Office of Consumer Protection once every 5 years.

* A Fingerprint card and finger prints will be provided at The Office of Consumer Protection.

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 yourself.

Criminal Background: (Please provide additional sheets if necessary)

Please 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 arrest warrants of 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 application:

Criminal Homicide; Kidnapping; a sexual offense; 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.

Name	Offense/Warrants	Disposition

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 declare that I will abide by the provisions of the aforementioned article. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Vehicle Immobilization Permit. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

There are two options for submission:

- 1) print this application, sign and date, and mail to our office, or
- 2) 2) e-sign, upload, along with required from checklist above to https://energov.miamidade.gov/EnerGov_Prod/SelfService#/home and pay fees.

Instructions for e-sign:

1) type /s/ at the beginning of each signature block; **2)** then type your full name; **3)** date the application. then download/save the completed application and email to license@miamidade.gov

Your e-signature should appear as: **/s/ Jane Doe**

An electronic signature has the same force and effect as a written signature, pursuant to Section 668.004, Florida Statutes

APPLICANT SIGNATURE

DATE

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 Miami-Dade County 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 boxes provided below. Upon completion of the criminal background search, your Social Security number will be redacted from our file.

Name: _____

Only enter Last (4) four of your Social Security Number: