

Department of Transportation and Public Works
Passenger Transportation Regulatory Division
VEHICLE OPERATING PERMIT APPLICATION



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.

IDENTIFICATION OF LICENSE /CERTIFICATE HOLDER

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

1. 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 _____

2. 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 _____

3. COMPLETE ONLY IF FOR-HIRE TAXICAB (IN SECTION 1 ABOVE) HAS CHANGED COMPANIES

Taxi Medallion Holder Name: _____ State License Tag # _____
Year/Make/Model _____ VIN# _____
Print Medallion Holder Name or authorized Representative _____
Signature _____ 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/CC/MO # _____ Date Received _____
_____ Old OP Received _____ OP serial number _____ New OP Issued _____ OP serial number
_____ Old Inspection decal received _____ Inspection decal serial number _____ VIN # Check

Remarks _____

Name _____ Initial _____ Inspector number _____