



CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324
954-765-1700 • broward.org/consumer

Vehicle Immobilization and/or Towing License Application Information and Instructions

Immobilization Supporting Documents

You must attach the following supporting documentation to your application:

1. Certificate of Insurance for Immobilization: property damage liability coverage (*minimum \$50,000 limit per occurrence*) and Workers Compensation as required by state law, naming **Broward County as a Certificate Holder**.
2. Articles of Incorporation which includes a listing of all officers, directors and shareholders, Corporate Certificate and/or Fictitious Name Registration. (*Not required if corporation and/or fictitious name previously submitted is the same and active.*)*
3. Copies of operational procedures (*or written description*) which includes: description of location/places of business, listing of equipment, complaint and accident handling procedures, vehicle release procedures, insurance coverages and description of communication system, days and hours of operation; phone contacts for vehicle release, complaints and accidents; types of immobilization services to be provided; and forms of payment to be accepted for vehicle release.*
4. A copy of the owner's or each corporate officer's, director's or partner's driver license.
5. A completed criminal background check authorization for each owner, officer, director or partner. (*every 3 years*)*
6. An additional signature sheet (*if not enough space on page 3*) for each owner, officer, director or partner signature.*
7. Demonstrate verifiable, real life experience in immobilizing vehicles and financial trustworthiness.

**Items 2, 3, 6, 7 and 8 are not required at time of renewal if no changes have occurred from initial application*

Immobilization Operating License Fees (Non-Refundable)

- Application Fee \$480
- Extension Fee \$60
- Renewal Fee \$480
- Expedited Fee \$210
- FDLE Background Check \$24*

**Additional charge for out of state background check (outside of Florida within 5 years).*

Payment Methods

- **By mail or drop off:** Do not include payment (invoice will be emailed to you for payment)
- **In-person:** Cash, check, credit card, or money order

Towing Supporting Documents

You must attach the following supporting documentation to your application:

- 1. CLASS A & B:** Certificate of Insurance for Towing Coverage: Automobile liability (*minimum \$100,000 per person, \$300,000 per occurrence for bodily injury, and \$50,000 per occurrence for property damage, or a \$300,000 combined single limit, general liability, on-hook cargo liability, garage liability or garagekeeper's legal liability*) and workers compensation as required by state law naming **Broward County as a Certificate Holder**.
CLASS C: Certificate of Insurance for Towing Coverage: Automobile liability (*minimum \$100,000 per person, \$300,000 per occurrence for bodily injury, and \$100,000 per occurrence for property damage, or a \$300,000 combined single limit, general liability, on-hook cargo liability, garage liability or garagekeeper's legal liability*) and workers compensation as required by state law naming **Broward County as a Certificate Holder**.
CLASS D: Certificate of Insurance for Towing Coverage: Automobile liability (*minimum \$300,000 per person, \$500,000 per occurrence for bodily injury, and \$100,000 per occurrence for property damage, or a \$500,000 combined single limit, general liability, on-hook cargo liability, garage liability or garage keeper's legal liability*) and workers compensation as required by state law naming **Broward County as a Certificate Holder**.
- 2.** Articles of Incorporation which includes a listing of all Officers, Directors and Shareholders, Corporate Certificate and/or Fictitious Name Registration. (*Not required if corporation and/or fictitious name previously submitted is the same and active*)*
- 3.** A copy of the owner's or each corporate officer's, director's or partner's driver license.*
- 4.** A completed criminal background check authorization for each owner, officer, director or partner. (*every 3 years*)*
- 5.** An additional signature sheet (*if not enough space on page 3*) for each owner, officer, director or partner signature.*
- 6.** Completed list of tow trucks (*page 6*) and copy of each State of Florida Vehicle Registration.

**Items 2, 4, 5, and 6 are not required at time of renewal if no changes have occurred from initial application*

(Fees Non-Refundable)

Towing Operating License Fees

- Application Fee.....**\$630**
- Extension Fee**\$90**
- Renewal Fee.....**\$630**
- Expedited Fee.....**\$270**
- Annual Storage Site Inspection Fee**\$120**
- Storage Site Reinspection Fee**\$60**
- FDLE Background Check.....**\$24***

*Additional charge for out of state background check
(outside of Florida within 5 years).

Decal Fees (*per truck*)

- Application Fee.....**\$180**
- Extension Fee.....**\$30**
- Renewal Fee.....**\$180**
- Expedited Fee.....**\$90**
- Replacement Decal Fee**\$36**

Payment Methods

- **By mail or drop off:** Do not include payment (invoice will be emailed to you for payment)
- **In-person:** Cash, check, credit card, or money order



CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324
954-765-1700 • broward.org/consumer

Vehicle Immobilization and/or Towing License Application **(All Fees are non-refundable)**

Immobilization

- ☐ New
☐ Renewal

Towing

- ☐ New ☐ Renewal ☐ Both
☐ Consent ☐ Non-consent

Permit Year

--

Business Information

- ☐ Individual ☐ Partnership ☐ Corporation

Business Account

Business Federal ID #

Business Name

DBA Name, (if different)

Business Address

City

State

Zip

Business Mailing Address

City

State

Zip

Business Phone

Business Fax

Business Mobile Phone

Email

Contact Person Name

Contact Person Direct Phone

Business Owners, Partners, Directors and Officer Information

- ☐ Owner ☐ Partner ☐ Director ☐ Officer

Name

Federal ID # or Driver License #

Address

- ☐ Owner ☐ Partner ☐ Director ☐ Officer

Name

Federal ID # or Driver License #

Address

- ☐ Owner ☐ Partner ☐ Director ☐ Officer

Name

Federal ID # or Driver License #

Address

Yes No

- ☐ ☐

Has any director, officer, owner, general partner, shareholder, employee or agent who is active in managing your business been convicted of a crime or had adjudication withheld on any crime within the last 5 years?

If yes, attach a summary sheet on a separate piece of paper, including individual's name, crime, date of conviction, sentence and any other relative information, including a copy of the judgment order.

License Conditions

1. By accepting this license, licensee agrees to comply with all applicable conditions, rules and regulations contained in Chapter 20, Article VII, Division 2 of the Broward County Code of Ordinances with respect to the conduct of the business operated pursuant to this license; and subject likewise to the terms and provisions of all applicable federal, state and local laws, as amended from time to time.
2. Licensee agrees that it is bound by the statements, representations and conditions made during the issuance and/or renewal process, the information filed with County and further acknowledges, by its execution of this license, that it has read and reviewed the relevant provisions of the Broward County Administrative Code and the Broward County Code of Ordinances, as amended or reissued, as they relate to the services to be provided under this license.

Signature

By signing this application form, I agree to be bound by the License Conditions as set forth on page 2 of this application and understand that violating any condition may result in suspension, revocation and/or non-renewal of this license. I certify, under penalty of law, that the information I provide with my application, except credit card numbers, is a matter of public record and is not considered confidential.

Signature

Date

Print Name

Print Title

2. _____

Signature

Date

Print Name

Print Title

3. _____

Signature

Date

Print Name

Print Title

Office Use Only

Date Received _____ Receipt No. _____ Amount Paid _____ Processor _____ License Year _____



CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324
954-765-1700 • broward.org/consumer

Authorization for Criminal Background Check

Personal Information				
Last Name		First Name		Middle
Driver License #			State	
Other Prior Names/Aliases/Maiden Name				
Current Address			City	State Zip
How long have you lived in Florida? Years Months				
Previous Address <i>(if less than 5 years in Florida)</i>			City	State Zip
Previous Address <i>(if less than 5 years in Florida)</i>			City	State Zip
Sex ☐ M ☐ F	Date of Birth	Place of Birth		Citizenship ☐ US ☐ Resident
Race/Ethnic Categories ☐ White <i>(not of Hispanic origin)</i> ☐ Black <i>(not of Hispanic origin)</i> ☐ Hispanic ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native				

I certify that the above information is true and correct. I understand the Environmental and Consumer Protection Division will use it to obtain information about my criminal history.

Applicant Signature

Date



CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324
954-765-1700 • broward.org/consumer

Tow Truck List

You must provide the following information for each vehicle and current State of Florida Vehicle Registrations for each truck.

	Vehicle Year	Make/Model	Vehicle Vin # (Last 6 digits)	License Tag #	License Tag Exp. Date	GVWR	OFFICE USE ONLY	
							Date Issued	New Permit #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								



CONSUMER PROTECTION DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324
954-765-1700 • broward.org/consumer

Tow Truck Storage Facilities

You must provide the following information for all storage facilities you operate.

Facility 1			
Name of Facility			
Address		City	State Zip
Phone	Fax	Contact Person	

Facility 2			
Name of Facility			
Address		City	State Zip
Phone	Fax	Contact Person	

Facility 3			
Name of Facility			
Address		City	State Zip
Phone	Fax	Contact Person	

Facility 4			
Name of Facility			
Address		City	State Zip
Phone	Fax	Contact Person	

Facility 5			
Name of Facility			
Address		City	State Zip
Phone	Fax	Contact Person	