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

Print

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 completed Authorization for Criminal Background Check Form for each owner, officer, director and partner (every 2 years).*
5. An additional signature sheet *(if not enough space on page 3)* for each owner, officer, director or partner signature.*
6. Demonstrate verifiable, real life experience in immobilizing vehicles and financial trustworthiness.

Items 2, 3, 4, and 5 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 completed Authorization for Criminal Background Check Form for each owner, officer, director, partner, and driver (every 2 years).*
4. An additional signature sheet *(if not enough space on page 3)* for each owner, officer, director or partner signature.*
5. Completed list of tow trucks *(page 6)* and copy of each State of Florida Vehicle Registration.
6. Completed list of drivers, including driver's phone number (page 8).

Items 2, 3, and 4 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

Return this application with all necessary documentation and payments to the address above.

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 ***(if less than 5 years in Florida)***	City	State	Zip

Previous Address ***(if less than 5 years in Florida)***	City	State	Zip

Sex	Date of Birth	Place of Birth	Citizenship
☐ **M** ☐ **F**			☐ **US** ☐ **Resident**

Race/Ethnic Categories

☐ White *(not of Hispanic origin)* ☐ Black *(not of Hispanic origin)* ☐ Hispanic ☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native

I certify that the above information is true and correct under penalty of law. I authorize the Broward County Consumer Protection Division to submit the above information to the Florida Department of Law Enforcement ("FDLE") for the purpose of accessing and reviewing Florida criminal history that may pertain to me. I understand that, upon request, the Broward County Consumer Protection Division may provide me a copy of the criminal history record report, if any, the Division receives on me and that I am entitled to challenge the accuracy and completeness of any information contained in such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE criminal history are set forth in Florida Statute 943.056.

_____ _____

Applicant Signature **Date**

Signed (or attested) before me on _____ (Date) by _____ (Name of Individual), who personally appeared before me and whose identity was verified. I witnessed the signing of this document and attest that the signature is genuine.

Notary Public: _____

My commission expires: _____
(Seal)

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	OFFICE USE ONLY 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	

Driver Information

Annually, You Must:

✓ List all drivers working for the company

	Driver Name	Phone Number	Criminal Background Authorization Included
1			☐
2			☐
3			☐
4			☐
5			☐
6			☐
7			☐
8			☐
9			☐
10			☐
11			☐
12			☐
13			☐
14			☐
15			☐
16			☐
17			☐
18			☐
19			☐
20			☐
21			☐
22			☐
23			☐
24			☐
25			☐
26			☐
27			☐
28			☐
29			☐
30			☐