

**Tampa Police Department
Wrecker Rotation List
Application**

Company Name: _____

Owners Names: _____

Business Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Business Phone: _____ Secondary Phone: _____

Business Ownership Type: _____ Sole Proprietorship _____ Partnership _____ Corporation

Certified as a Rotation Impound Wrecker Company by H.C.P.T.C.: _____ (Yes) _____ (No)

Certified as a Private Impound Wrecker Company by H.C.P.T.C.: _____ (Yes) _____ (No)

Hillsborough County Public Transportation Commission Certificate Number: _____

Name of Insurance Carrier: _____

Policy Number: _____ (Attach Certificate of Insurance)

What is the storage capacity in square feet of the facility listed at the above business address?

Do you have an overflow facility? _____ (Yes) _____ (No)

Address of the overflow facility: _____ Zip Code: _____

List number of wreckers owned and types: _____

I certify that all the information provided in this application is true and I understand that any false statement is cause for denial of the application. Applicants will be placed on a waiting list by zone and activated as positions become available.

Authorized Signature

Print Name

Position or Title

Date

Email copy of signed application and proof of insurance to tpdtowapplication@tampagov.net.
Mail the original signed application to: Tampa Police Department Attn: Thomas Wolff 411 N. Franklin St.
Tampa, Fl. 33602.