

FLORIDA HIGHWAY PATROL
APPLICATION FOR INCLUSION ON THE WRECKER OPERATOR SYSTEM

(Date of Application)

1. **Legal Name of Wrecker Operator:** _____
2. **Type of Business Organization** (i.e., sole proprietor, partnership, corporation, limited liability company, or limited partnership): _____
3. **Wrecker Operator's Federal Employer Identification Number or Employer Identification Number:** _____
4. **Any fictitious name(s) registered with the Florida Department of State, as required by s. 865.09, Florida Statutes, and used by the Wrecker Operator** (i.e., a "doing business as" name): _____
5. **Address:** _____

6. **Address of the Wrecker Operator's Physical Place of Business in the Zone:**

7. **Applying for:** County: _____ Zone: _____
Wrecker Class(es): _____

8. **Person Completing and Signing this Application for the Wrecker Operator:**

NAME and TITLE:

ADDRESS:

--	--

9. **Sole Proprietor Information** (if applicable):
(Complete this section if "Sole Proprietorship" is entered in item 2 above)

Owner's Name: _____

List all persons owning more than ten (10) percent of the wrecker operator in the table below (including any person, employee, driver, agent, partner, independent contractor, business association, or other business entity).

NAME:

ADDRESS:

(attach additional sheets if necessary)

10. Partnership Information (if applicable):

(Complete this section if "Partnership" is entered in item 2 above)

Partnership Name: _____

List all partners in the wrecker operator and all persons (including any employee, owner, driver, agent, independent contractor, business association, or other business entity), that own more than ten (10) percent of the equity ownership of the wrecker operator.

NAME:

ADDRESS:

(attach additional sheets if necessary)

11. Corporation Information (if applicable):

(Complete this section if "Corporation" is entered in item 2 above)

Corporation Name: _____

A. List the following information on all officers, directors, and shareholders of the corporation that owns the wrecker operator (including any person, employee, driver, agent, independent contractor, business association, or other business entity), that individually own more than ten (10) percent of the equity ownership of the corporation that owns the wrecker operator.

NAME:

ADDRESS:

(attach additional sheets if necessary)

B. Florida Department of State Document Number for the Corporation:

12. Limited Liability Company Information (if applicable):

(Complete this section if "Limited Liability Company" is entered in item 2 above)

Limited Liability Company Name:

A. List the following information on all managers of the limited liability company that owns the wrecker operator and all persons (including any employee, driver, agent, independent contractor, business association, or other business entity), that own more than ten (10) percent of the ownership interests of the limited liability company that owns the wrecker operator.

NAME:

ADDRESS:

(attach additional sheets if necessary)

B. Document Number for the Limited Liability Company issued by the Florida Department of State:

13. Limited Partnership Information (if applicable):

(Complete this section if "Limited Partnership" is entered in item 2 above)

Limited Partnership Name:

A. List the following information on all limited partners of the limited partnership that owns the wrecker operator and all persons (including any person, employee, driver, agent, independent contractor, corporation, business association, or other business entity), that own more than ten (10) percent of the equity ownership of the limited partnership that owns the wrecker operator.

NAME:

ADDRESS:

(attach additional sheets if necessary)

B. Document Number for the Limited Partnership issued by the Florida Department of State: _____

14. Additional Information on Persons Listed above in Items 9, 10, 11, 12, or 13.

Provide the following information for all persons, owners, partners, corporate officers, corporate directors, corporate shareholders, members, limited partners, agents, independent contractors, or drivers, listed in Items 9, 10, 11, 12, or 13 above.

NAME	D.O.B.	DRIVER LICENSE # AND TYPE

(attach additional sheets if necessary)

A criminal background check obtained from the Florida Department of Law Enforcement within the preceding ninety (90) days from the date of this Application for each person listed in Item 14 must be submitted with this form.

15. Wrecker Staff Persons:

Provide the following information for each wrecker staff person* of the wrecker operator at the Wrecker Operator's Physical Place of Business in the Zone indicated above in Item 6.

NAME	D.O.B.	DRIVER LICENSE # AND TYPE

*Rule 15B-9.002, F.A.C., defines a "wrecker staff person" as any person who handles, processes, or has access, or will handle, process, or have access, to any payment transaction or payment information for the removal of one or more wrecked, disabled, or abandoned vehicles for or on behalf of an authorized wrecker operator as a result of a call for service or the wrecker operator system or who has or will have, any access to or any control of access to one or more wrecked, disabled, or abandoned vehicles stored by an authorized wrecker operator as a result of a call for service or the wrecker operator system, regardless of whether such person is an employee, agent, independent contractor, sole proprietor, officer, shareholder, director, member, partner, limited partner, or owner of the authorized wrecker operator.

A criminal background check obtained from the Florida Department of Law Enforcement within the preceding ninety (90) days from the date of this Application for each person listed in Item 15 must be submitted with this form.

16. Drivers:**

Provide the following information for each driver for the wrecker operator in the zone indicated above in Item 7.

NAME	D.O.B.	DRIVER LICENSE # AND TYPE

**Rule 15B-9.002, F.A.C., defines "driver" as any person who drives or operates, or will drive or operate, a wrecker on behalf of a wrecker operator, regardless of whether such person is an employee, agent, independent contractor, sole proprietor, officer, shareholder, director, member, partner, limited partner, or the owner of the wrecker operator to respond to calls for service from the division.

HSMV Form 60322, the Application for Approval of Driver(s) For a Wrecker Operator, must also be filed by the wrecker operator.

A criminal background check obtained from the Florida Department of Law Enforcement within the preceding ninety (90) days from the date of this Application for each person listed in Item 16 must be submitted with this form.

I certify by signing this form that the information is correct and true to my knowledge, and there is no material omission. I further certify that I have reviewed Rule Chapter 15B-9, Florida Administrative Code, pertaining to the wrecker operator system for the Department of Highway Safety and Motor Vehicles, Division of Florida Highway Patrol. I agree to abide by Rule Chapter 15B-9, F.A.C.

Signature of the Person Completing this Application
on behalf of the Wrecker Operator Applicant

Printed Name of Person Completing this Application

Sworn and subscribed before me this

_____ day of _____ 20 _____.

NOTARY PUBLIC

My commission expires _____