

**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](mailto:tpdtowapplication@tampagov.net).  
Mail the original signed application to: Tampa Police Department Attn: Tricia Figueroa 411 N. Franklin St.  
Tampa, Fl. 33602.