

CITY OF ST. PETERSBURG, FLORIDA
Transfer of Public Vehicle Certificate Application

DATE: _____

Business Tax No.: _____
(For office use only)

I. APPLICANT INFORMATION (Individual(s), partnership, or corporation applying for transfer of vehicle)

Name of Corporation: _____

Name of Business (D.B.A.): _____

II. VEHICLE INFORMATION (You may use a separate sheet of paper for this information, if needed)

Transfer	Company Vehicle No.	Vehicle Make	Vehicle Model	Vehicle Year	Auto Tag / State Registration No.	VIN / Serial No.	Seating Capacity	PVC No. (Office Use)
<i>From:</i>								
<i>To:</i>								
<i>From:</i>								
<i>To:</i>								

A. Please state the **number of vehicles** that are being added: _____

B. Please check (**all that apply**) how your company will operate these vehicles:

- TAXICAB VAN LIMOUSINE/CAR SERVICE LOW SPEED VEHICLE
 NON-PUBLIC SECTOR BUS VESSEL NON-MOTORIZED VEHICLE

Please note: Companies that have their own vehicle list may submit their list as a vehicle information form, provided that all of the required information below is identified on the list.

III. APPLICANT CLARIFICATION

I hereby certify and agree that I:

- A. Will maintain and keep in workable condition one (1) vehicle for each certificate.
- B. Will ensure that each vehicle is driven or operated by a person who has obtained a Public Vehicle Driver's Permit from the St. Petersburg Police Department.
- C. Will if application is for a taxicab certificate, provide twenty-four hour radio dispatch service, and provide service to all areas of the City of St. Petersburg.
- D. Will comply with St. Petersburg City Code, Chapter 28. I understand that the penalty for a violation may include revocation of the Public Vehicle Certificate(s).
- E. Will maintain liability insurance as required by City Code and Florida Statutes, as amended.

PLEASE CHECK ONE: *I am* _____ *I am not* _____

Required by Florida's Financial Responsibility Law to maintain liability insurance with coverage of not less than \$125,000/\$250,000/\$50,000.

Signature of Applicant

Title

STATE OF FLORIDA, COUNTY OF PINELLAS: The foregoing instrument was acknowledged before me this _____ (Date), by _____, who is personally know to me or who produced _____ as identification, and who did/did not take an oath, and who appeared before me at the time of notarization.

Notary Public

MECHANIC CERTIFICATION: (Not including low speed vehicles, which require state certification)

I am the applicant's mechanic or the representative of a licensed garage. I hereby certify that the vehicle(s) described on this application and on the multiple vehicle form, if applicable, met the minimum standards contained in Chapter 28, City Code of the City of St. Petersburg.

Signature of Mechanic

STATE OF FLORIDA, COUNTY OF PINELLAS: The foregoing instrument was acknowledged before me this _____ (Date), by _____, who is personally know to me or who produced _____ as identification, and who did/did not take an oath, and who appeared before me at the time of notarization.

Notary Public