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)

<table>
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<tr>
<th>Transfer</th>
<th>Company Vehicle No.</th>
<th>Vehicle Make</th>
<th>Vehicle Model</th>
<th>Vehicle Year</th>
<th>Auto Tag / State Registration No.</th>
<th>VIN / Serial No.</th>
<th>Seating Capacity</th>
<th>PVC No. (Office Use)</th>
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</table>

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
- [ ] NO-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. Please include a copy of your Certificate of Insurance with this application.

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.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

__________________________________________
(Signature of Applicant)

_______________________________________________
(Date Signed) _____________________
(Title)