

APPLICATION FOR TOWING OR VEHICLE IMMOBILIZATION VEHICLE REGISTRATION

BIRMINGHAM POLICE DEPARTMENT BUSINESS COMPLIANCE CENTER - CITY HALL, 1ST FLOOR 710 20TH ST N, BIRMINGHAM, AL 35203 - 205-837-2394, 8AM-5PM



CITY OF BIRMINGHAM ORDINANCE #23-118

		PLEASE TYPE OR PRINT
TYPE OF APPLICATI	ON	TYPE OF SERVICE (check all that apply)
Initial Application		Towing:
Renewal Applicati	on	Consensual
Current Licer	nse #	Non-consensual
Add a Line of Serv	rice	Vehicle Immobilization
APPLICANT INFORM	ATION:	
Name:		
(Full legal name of applic	ant)	
Is or has this person bee	an known by any other	name/alias? Yes No
-		
ii fes, give all other ha	ames by which this pers	son has been known:
Pusiness Name:		
City:	State:	Zip Code:
Phone:	Cell:	Other #:
Email Address:		
Mailing Address:		
(if different from current	residence address)	
City:	State:	Zip Code:

For each vehicle assisting in the operation of a towing or vehicle immobilization service, provide the following information:

- (1) The make, model and manufacturer's serial number of the vehicle;
- (2) Date the vehicle was put into service to assist in the operation of a towing or vehicle immobilization service;
- (3) The license plate number of the vehicle;
- (4) The name of the insurance company with which the owner of the vehicle and all operators have liability insurance coverage with respect to the operation of the vehicle, as required by law;
- (5) Such other information related to the vehicle as may be required by the police chief.
- (6) Public Service Vehicle Inspection sheet must be provided for each vehicle.

All registrations for each vehicle utilized shall expire on December 31st of each year and shall be renewed between December 1st and December 31st of each year.

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CITY OF BIRMINGHAM ORDINANCE #23-118 This sheet may be duplicated as needed

Company ID:	Ala. Lic. Plate No.:						
Vehicle Make:	Vehicle Model:	Model Year:					
Color:	Serial No./Vehicle ID No.:						
Owned by Business Na	med Above?: Yes No						
If "No", Owner:							
Date put into service: _							
This vehicle is covered	by a liability policy issued by:						
	Inspection completed? Yes No						
Company ID:	Ala. Lic. Plate No.:						
Vehicle Make:	Vehicle Model:	Model Year:					
Color:	Serial No./Vehicle ID No.:						
Owned by Business Na	med Above?: Yes No						
If "No", Owner:							
Date put into service: _							
This vehicle is covered	by a liability policy issued by:						
Public Service Vehicle I	Inspection completed? Yes No						
Company ID:	Ala. Lic. Plate No.:						
Vehicle Make:	Vehicle Model:	Model Year:					
Color:	Serial No./Vehicle ID No.:						
Owned by Business Na	med Above?: Yes No						
If "No", Owner:							
This vehicle is covered	by a liability policy issued by:						
Public Service Vehicle I	nspection completed? Yes No	2					



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INCLUDE RECEIPT OF APPLICABLE FEES WITH APPLICATION, SEE ATTACHED FEE SHEET

I hereby authorize the investigation of all statements contained in this application. I do hereby swear and certify that all information provided is true and correct to the best of my knowledge, and I understand that my license will be revoked without recourse if any are found to be false.

Print Name:

Signature:

Title:_____

Date:



VEHICLE SAFETY INSPECTION REPORT

INFORMATION REQUIRED BY ORDINANCE 12-162; SECTION 12-16-6 VEHICLE INSPECTION



				DRIVE	R'S INFO	ORMATIO	N					
DRIVER'S NAME (Printed)									PHONE NUMBER			
DRIVER'S LICENSENUMBER COMPANY			PE	PERMIT NUMBER				APPEARANCE				
		DEALER/	REPA	IRER LICENSE	INFORM	MATION (MUST BE	COMPLETED)				
								PHONE NUMBER				
ADDRESS						TATE			ZIP C	DDE		
DEALER/REPAIRER CER	TIFICATE NI	IMBER										
				VEHIC	E INFC	RMATIO	N					
UNIT NUMBER TAG NUMBER						VEHICLE TYPE						
MAKE	MAKE MODEL							YEAR				
VIN												
			۵	DEALER/REPAI	RER IN	SPECTION	SECTION					
INDICATED ACTUAL MILEAGE BELOW	INITIAI	INSPECTION		PASS	RESULTS			RE OF DEALER		DATE O	OF INSPECTION	
ODOMETER READING) REINS	PECTION		REINSPECTION R	ESULTS	AUTHORIZ	ED SIGNATU	RE OF DEALER			DATE OF	
INSPECTION ITEM	INSPE	CTION	IN	SPECTION ITEM				PECTION ITEM	-	REINSPECTION		
marcemanticm	PASS	FAIL			PASS	FAIL	-	T GAMAN I FRAFIN A T BALLET	PA	155	FAIL	
TIRES		أعصاه	GLAS	S			TAXIMET	ER				
I. RIGHT FRONT				NDSHIELD			I.SERIAL					
II. LEFT FRONT			II.RE/			_	II.MAKE	1				
III. RIGHT REAR IV. LEFT REAR			111. \$1	DE		-	IV.SEAL	L	-			
17. LET I NEMN							V.SEAL #					
BRAKES			INTE	RIOR		No. of Concession, Name	EXHAUST	SYSTEM	1		COLORA DE LA COLOR	
I. MASTER CYLINDER			I.SEA	I.SEATS			I.EXHAUS	T MANIFOLD				
II. FLUID LEVEL		IN.RI IV.H		I.SEATBELTS			II.EXHAU		0			
III. LEAKS				ARVIEW MIRROR			III.MUFLE				_	
 a. Wheel Cylinder b. Brakes hose and lines 				V.HEADLINER /.FLOOR			IV.TAIL P	IPE	-			
c. Hydrovac and lines			VI.TR				-					
d. Vacuum or air tanks				EATER			REAR EN	D			Statement of the local division in the local	
e. Parking brake f. Vacuum or air gauge			VIII.A/C					S, SHACKLES, CLAMPS				
and buzzer or light	1			IX.CLEANLINESS			II.LEAKS	-,	-			
g. Brake pedal fade h. Pedal pads			X.DO	OR PANELS			III.DRIVE	SHAFT GUARDS				
i. adjustment												
k. Brakes			EXTE	RIOR		The surgery designation of the local division of the local divisio	STEERING	2			No. of Concession, Name	
I, HEADLIGHTS			I.PAI	T			I.STEERIN					
a. Low			II.HO					DENDS & DRAGLINK				
b. High c. High Beam Indicator				HAUST				SPRINGS, SHACKLES	-			
II.TAIL LIGHTS			IV.BR	ERING			& CLAMP	R TO FRAME	-			
III. BRAKE LIGHT				OD LATCH		-	V.MOUN		-			
IV.REVERSE LIGHT			_			-		NG FREE PLAY	-			
V.INTERIOR LIGHTS			WHE LBEA	RINGS			VEHICIE	LETTERING				
VI.TURN INDICATORS			II.LUC			-				-		
VIII. TAXI LIGHTS				11.003				REQUIRED INFORMATION LICENSE PLATE HOLDER I.CORRECT SIZE				
IX.FARE LIGHTS												
X.DASH I.D.PLATE								CAB INFO.				
							V.UNIT#					
							a. Front					
						D. Real	b. Rear					