



Department date stamp above this line

**AUSTIN TRANSPORTATION DEPARTMENT
MOBILITY SERVICES DIVISION**

Application for Company Vehicle Immobilization (Booting) Service License

Company Name: _____

Company Address: _____
Street City State Zip

Telephone: _____ Fax: _____

Company Website Address: _____

24/7 Customer Service Phone #: _____

The following information must be provided for the applicant and manager who will participate in the business decisions of or who has the authority to enter into contracts on behalf of the company. This information is to be provided on a separate page and attached to the application and will be used as basis for a criminal history check. In the event an applicant receives a Vehicle Immobilization Service License, this information must be kept updated.

Name: _____
First Middle Last

Social Security #: _____ Date of Birth: _____
Month/Day/Year

Address: _____
Street City State Zip

Driver's License Number: _____ State: _____ Expiration Date: _____
(Attach a photocopy of Current Driver's License)

1. Provide a description of all criminal convictions and submit fingerprints for a nationwide criminal history report certified by the Texas Department of Public Safety. If more space is required, please attach an additional sheet.

2. Name of Insurance Provider: _____

Agent Name: _____

Agent Phone #: _____

Agent License #: _____

Policy Number: _____ Effective Date: _____ Expiration Date: _____

An Acord certificate of liability insurance **MUST** be attached as proof of insurance coverage and **MUST** list the City of Austin as additional insured with the following address:

City of Austin
1501 Toomey Road
Austin, Tx. 78707

3. The applicant **MUST** provide the following information and attach as part of the application:

- Certified copies of any documents required by state law to be filed for the business entity to legally exist, and a statement from the Texas Secretary of State certifying that the business is in good standing.
- A description of the Applicant's Prior Work Experience in Vehicle Immobilization or Towing.
- A description and photo detailing each type of immobilization device to be utilized.
- An affidavit certifying that there are no outstanding judgements related to the service against the applicant.
- Addresses of all parking locations where your company employs immobilization devices.
- A \$100.00 non-refundable operating authority application fee.

I, _____, am 18 years of age or older and competent to make this affidavit in support of the attached application for a City of Austin Vehicle Immobilization Service License. I have read, understand, and agree to abide by City Code Chapter 13-7 and the Vehicle Immobilization Rules adopted by the City of Austin. All statements made within this application and upon any attachments to this application are true and correct to the best of my knowledge under the penalty of perjury.

THE STATE OF TEXAS

COUNTY OF TRAVIS

Before me, the undersigned, on this day personally appeared _____ known to me to be the person(s) whose name(s) are signed to the foregoing application and after being duly sworn by me, each states under oath that he has read the said applications and that all of the facts therein set forth are true and correct.

Sworn to before me, this, the ____ day of _____, 20____.

Notary Public in and for Travis County, TX