



FLEET REGISTRATION RENEWAL COVERSHEET

Need to communicate information, please email fleetrenewals@hillstaxfl.gov

1. Company Name: _____
2. Primary Contact Person(s): _____
3. Primary Contact Number/Email Address: _____
4. Holding Account # and/or Check #: _____
5. If there are unpaid tolls on any of your registrations, do you want HCTC to clear the tolls using funds from your Holding Account?
 - Yes
 - No - I prefer to reach out to the toll authority directly to pay tolls. I understand that HCTC will not be able to process any registrations with toll stops until they are cleared.
6. Do you want completed renewals mailed to you?
 - Yes - Provide mailing address: _____
 - No - I prefer to pick up from Tax Collector's _____ branch, within 2 business days email notification that work has been processed. If not picked up within 2 business days, I understand registrations will be mailed to address on file.
7. Is proof of insurance enclosed? *(Note: If Gross Vehicle Weight (GVW) > 26,000 lbs., Certificate of Insurance is needed.)*
 - Yes No
8. Need [IRS 2290](#) for each vehicle with a GVW > 55,000 lbs.
 - Yes No
9. Date submitted to Tax Collector: _____
10. Additional Comments: _____
11. # of Transactions enclosed: _____
12. For drop off work only - Blank check enclosed, if applicable:
 - I authorize a Hillsborough Tax Collector's representative to complete the check with date, payee information and both numerical and written amount due for transaction(s).

Printed Name of Authorized Representative: _____

Signature of Authorized Representative: _____