



# CITY OF INDUSTRY

Incorporated 1957

## VEHICLE REGISTRATION (Form 103)

PLEASE PRINT OR TYPE

### COLLECTOR INFORMATION:

Collector Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DBA: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

### VEHICLE REGISTRATION:

Type/Description	License Number	Vehicle #	Make/Color

The information on the permit application form will include the name and address of the proposed collector, a description and the number of the collection vehicles proposed to be used. Additionally, a certificate of vehicle insurance in such amount as the administrator may determine is reasonably sufficient for the proposed collection activities (**which certificate must name the City of Industry and its officials, officers, employees, and agents as additional insured**), and such other information as the administrator may reasonably require.

- **Minimum vehicle insurance shall be: 1 Million per occurrence/accident**
- **Mail Certificates to: City of Industry P.O. Box 3366, City of Industry, CA. 91744-0366**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please remit this completed form via fax to: (866) 963-0137, or email to [Info@WasteSystemsTech.com](mailto:Info@WasteSystemsTech.com)