



CITY OF INDUSTRY

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@MuniEnvironmental.com

Form 103 – April 2017