Board of County Commissioners
Broward County, Florida
OFFICE OF INTEGRATED WASTE MANAGEMENT

Vehicle Information Form

Note: Complete one form for each vehicle to be used.

Company Name _____

Mailing Address_____

Company Truck Number_____

Make _____

Body Type (circle one)

a. Dump truck b. Rear loader
c. Roll-off d. Stake body e. Other: _____

Body Size in cubic yards _____

Motor Vehicle Registration (VIN) Number _____

Area of Collection _____

Waste Class (circle all that apply)

a. Processable Waste b. Bulk Trash
c. Construction/Demolition Debris d. Other: _____

Status (circle one)

a. Municipal Vehicle Operator
b. Contract Hauler
c. Other _____

*** BROWARD COUNTY USE ONLY**
DO NOT COMPLETE THIS SECTION *

Account Number Assigned _____

Decal Number Assigned _____