



**CONSUMER PROTECTION DIVISION**

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-1700 • broward.org/consumer

**Port Everglades Charter Bus  
Safety Compliance Registration**

Application must be completed prior to appointment, or you may be required to schedule another appointment.

**Supporting Documents**

You must attach the following supporting documentation to your application:

- A copy of your current vehicle registration
- A copy of your current certificate(s) of insurance must be emailed to [CPInsurance@broward.org](mailto:CPInsurance@broward.org) by your insurance agent. **Please be advised effective January 1st 2025, Certificate of Insurance must be submitted and received from your agent PRIOR to your scheduled appointment time. Failure to do so will result in you having to reschedule your appointment.**
- A copy of your current Corporate/Fictitious Name documents
- A copy of your current DOT No.
- Proof that each charter bus has passed a FDOT inspection in the last twelve (12) months



**Note:** certificates of insurance must indicate adequate insurance coverage and be in full force and effect. The certificates must list **Broward County as a certificate holder** and must provide at least **30 days advance notice of cancellation**. Certificate of auto liability insurance must have a minimum limit of **\$500,000 CSL**. Certificate of general liability insurance must have a minimum limit of **\$500,000 per occurrence** and list **Broward County as the certificate holder**.

**For each vehicle**, submit a certificate with the year, make and Vehicle Identification Number (VIN); for a **fleet of vehicles**, provide a schedule listing the vehicles with year, make and VIN.

**Permit Fees (Non-Refundable)**

- Safety Compliance Registration.....**\$250**
- Optional Port Everglades Decal (*per vehicle*).....**\$20**

**All permits expire one (1) year after issuance.**

**Payment Methods**

- If mailing in or dropping off an application packet, **do not** include your payment. Once your application is processed, an invoice will be emailed to you for paying the appropriate fee. Any payment included with a dropped off or mailed in application will be returned to the applicant.
- Payments for applications submitted during an appointment can be made by cash, check, credit card, or money order.
- Applications emailed to the Division will not be processed and will be discarded.

***Return this application with all required documentation to the address above.***



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New Application     Renewal Application

Registration Year

**Business Information**

Individual     Partnership     Corporation

Business Name		Business Account	
DBA Name, if different			
Business Address	City	State	Zip
Business Mailing Address	City	State	Zip
Business Phone	Business Fax	Business Email (email will be used for all future correspondence)	
Business Mobile Phone	Contact Person Name		

**Business Owners, Partners, Directors and Officer Information**

Owner     Partner     Director     Officer

Name	Federal ID # or Driver License #
Address	
<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer	
Name	Federal ID # or Driver License #
Address	
<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer	
Name	Federal ID # or Driver License #
Address	

**Yes    No**

- Has any director, officer, owner, general partner, shareholder, employee or agent who is active in managing your business been convicted of a crime involving fraud, smuggling, bribery, embezzlement, misappropriation of funds or a public entity crime as defined in Chapter 287, Florida Statutes?
- Has any director, officer, owner, general partner, shareholder, employee or agent who is active in managing your business been convicted of any felony?

**If you answered yes to either of these questions, please attach a summary on a separate sheet of paper, including individual's name, crime, date of conviction, sentence and any other relevant information – including a copy of the judgment or order.**

## Registration and Vehicle Information (Fees Non-Refundable)

Safety Compliance Registration Fee # \_\_\_\_\_ @ \$250 = \_\_\_\_\_

Optional Port Everglades Decal Fee (per vehicle) # \_\_\_\_\_ @ \$20 = \_\_\_\_\_ Total \$ \_\_\_\_\_

	Vehicle Year	Make/Model	Passenger Capacity	VIN no. (Last 6 digits)	License Tag #	OFFICE USE ONLY	
						Date Issued	New Decal #
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

### Registration Conditions

1. By accepting this non-exclusive registration, registrant agrees to comply with all applicable conditions, rules, and regulations contained in Chapter 22½ of the Broward County Code of Ordinances, with respect to the conduct of the business operated pursuant to this registration; and subject likewise to the terms and provisions of all applicable federal, state, and local laws, as amended from time to time.
2. Registrant agrees he/she is bound by the statements, representations, and conditions made during the application and/or renewal process, the information filed with Broward County and further acknowledges, by his/her execution of this registration, that he/she has read and reviewed the relevant provisions of the Broward County Administrative Code and the Broward County Code of Ordinances, as amended or reissued, as they relate to the services to be provided under this registration.
3. The driver will be required to provide the Port Everglades Charter Bus Safety Compliance Registration, his/her driver's license, the vehicle registration, and the waybill to Security when entering Port Everglades to pick up passengers.

**By signing this application form, I agree to be bound by the registration conditions set forth above and understand that violating any condition may result in suspension, revocation, and/or non-renewal of this registration and accompanying decals. I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with any application, except credit card numbers, is a matter of public record and is not considered confidential. I understand that email will be used for all future correspondence.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date