



## FLEET REGISTRATION PROCESSING INFORMATION

Below is a list of the process steps for fleet renewals. To ensure timely processing of your fleet registrations, follow the process steps below and submit all required documents to the Tax Collector's office.

- Complete the **HOLDING (TRUST) ACCOUNT APPLICATION** and send to [holdingaccounts@hillstaxfl.gov](mailto:holdingaccounts@hillstaxfl.gov) (this only has to be done once).
- Submit payment to add funds to the Holding (Trust) Account.
  - Payment methods include: Mail payment or receive a payment link to pay online. Payment link gives you the ability to pay online same day with echeck or debit/credit.
- Complete the **FLEET COVERSHEET** and collect supporting documents to process the registration, if applicable.
- Complete and review your registration renewal notices and verify vehicle information.
- Complete the **FLEET REGISTRATION SPREADSHEET**.
- Email the **FLEET COVERSHEET**, supporting documents and **FLEET REGISTRATION SPREADSHEET** to [fleetrenewals@hillstaxfl.gov](mailto:fleetrenewals@hillstaxfl.gov).
- HCTC will respond to acknowledge receipt of email.
- HCTC will review for accuracy and process the registration renewals in date received order.
- HCTC will deduct the required fees from your Holding (Trust) Account to process the registration renewals.
- HCTC will email your designated contact if any documents are missing or if additional funds are needed to complete your transactions, allowing two business days for the documents to be submitted or funds to be added to your account to complete your transactions.
- Any questions related to fleet registration processing should be directed to [fleetrenewals@hillstaxfl.gov](mailto:fleetrenewals@hillstaxfl.gov).



## HOLDING (TRUST) ACCOUNT APPLICATION

Company/Organization Name: \_\_\_\_\_

Type of Business:

- Franchised Dealer
- Independent Dealer, Enter License Number: \_\_\_\_\_
- Attorney
- Financial Institution
- Fleet
- Other

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Estimated Monthly Activity: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed application via email to [holdingaccounts@hillstaxfl.gov](mailto:holdingaccounts@hillstaxfl.gov).



## FLEET REGISTRATION RENEWAL COVERSHEET

1. Company Name: \_\_\_\_\_
2. Primary Contact Person(s): \_\_\_\_\_
3. Primary Contact Number/Email Address: \_\_\_\_\_
4. Holding Account # and/or Check #: \_\_\_\_\_
  - a. I would like to receive a payment link via email to complete this payment online.
    - i. Please provide the email: \_\_\_\_\_
    - ii. Indicate the dollar amount: \_\_\_\_\_
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?
  - a. Yes
  - b. 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?
  - a. Yes - Provide mailing address: \_\_\_\_\_  
\_\_\_\_\_
  - b. No - I prefer to pick up from a Tax Collector office, 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. Please select your preferred Tax Collector office: \_\_\_\_\_
7. Is proof of insurance enclosed? (*Note: If Gross Vehicle Weight (GVW) > 26,000 lbs., Certificate of Insurance is needed.*)
  - a. Yes
  - b. No



8. Need [IRS 2290](#) for each vehicle with a GVW > 55,000 lbs.?

- a. Yes
- b. No

9. Date submitted to Tax Collector: \_\_\_\_\_

10. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Number of Transactions Enclosed: \_\_\_\_\_

12. For drop-off work only - Blank check enclosed, if applicable:

- a. 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: \_\_\_\_\_