



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: _____