

BROWARD COUNTY  
SEVENTEENTH JUDICIAL CIRCUIT  
VEHICLE IMMOBILIZATION APPLICATION

Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

Type of Business Entity \_\_\_\_\_

Name of Principals/Officers/Directors/Shareholders of Business Entity

\_\_\_\_\_

License(s) for Business Entity

Type \_\_\_\_\_

Municipal or County \_\_\_\_\_

Expiration Date \_\_\_\_\_

License(s) for each Principals/Officers/Directors/Shareholders of Business Entity

Name of Individual \_\_\_\_\_

Type \_\_\_\_\_

Municipal or County \_\_\_\_\_

Expiration Date \_\_\_\_\_

Attach a copy of the affidavit provided to the Clerk of Court