



**Mobile Tire Repair /Transporter Application**  
**Scrap Tire Enforcement Program**  
 Department of Code Compliance

Type of Business:     Mobile Repair Unit                       Transporter

**Special Collections USE ONLY**

License # \_\_\_\_\_

<b>ALL FEES ARE NON-REFUNDABLE</b>  <b>PERMITS/DECALS ARE NOT TRANSFERABLE</b>  ANNUAL PERMIT/DECAL - \$75.00 DUPLICATE - \$32.00	<ul style="list-style-type: none"> <li>• NEW</li> <li>• DUPLICATE</li> </ul>	<b>STEP USE ONLY</b>  Permit No:  Expiration Date:
	CK	
	CC	
	MO	
	CA	
	FEE:	

MAKE CHECK OR MONEY ORDER PAYABLE TO: **City of Dallas**

TO PAY IN PERSON: City of Dallas  
 Special Collections  
 1500 Marilla Street, Room 2DS  
 Dallas, Texas 75201

OR MAIL PAYMENT TO: City of Dallas  
 Special Collections  
 PO Box 139076  
 Dallas, TX 75313-9076

**The City of Dallas does not accept payments in the field.**

Establishment Name \_\_\_\_\_ Owner \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street City State Zip County

Mailing Address \_\_\_\_\_  
Street City State Zip County

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail: \_\_\_\_\_

**MOBILE TIRE REPAIR/TRANSPORTER ROAD SERVICE UNIT \*\*\* (Include copy of Insurance Policy) \*\*\***

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Unit License Plate No & Expiration Date \_\_\_\_\_ Vehicle Inspection Expiration Date \_\_\_\_\_ Vehicle Year, Make, Model \_\_\_\_\_

State (of License Plate) \_\_\_\_\_ VIN # \_\_\_\_\_

Authorized Driver's

Name \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Comments \_\_\_\_\_

