STATE OF LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS TOW TRUCK LICENSE PLATE APPLICATION AFFIDAVIT

Ι, _)	, DOING	BUSINESS AS	
	OWNER OR PRESIDENT OF CORPORAT	TION	COMPANY TEI	LEPHONE NUMBER		
	DO HEREBY ATTEST AND AFFIRM THE FOLLOWIN					
	COMPANY / CORPORATION					
	COMPANY'S BUSINESS ADDRESS		CITY	STATE	ZIP	
1.	NEITHER I, NOR ANYONE EMPLOYED BY THE ABOVE ENTITLED COMPANY, HAS BEEN CONVICTED OF A FELONY RELATING TO AUTO THEFT, VEHICLE INSURANCE FRAUD, BURGLARY OF A VEHICLE AND/OR POSSESSION OF VEHICLE(S) OR STOLEN VEHICLE PARTS.					
2.	2. I WILL MAINTAIN ADEQUATE INSURANCE AS PRESCRIBED IN R.S. 32:1717.					
3. VEHICLES PRESENTLY OWNED, LEASED, OR OPERATED BY THE ABOVE ENTITLED COMPANY COMPLY WITH THE LAWS FOUND IN TITLE 32 OF THE LOUISIANA REVISED STATUTES , L.A.C. TITLE 55 (LOUISIANA ADMINISTRATIVE CODE) AND C.F.R. TITLE 49 (FEDERAL MOTOR CARRIER REGULATIONS).						
4.	4. I AM FAMILIAR WITH THE LAWS, RULES, AND OTHER REGULATIONS PERTAINING TO TOWING, RECOVERY, AND STORAGE OPERATIONS FOUND IN R.S. 32:1711 - 1735, L.A.C. 55:I.1901 ET SEQ. AND C.V.R. TITLE 49, PARTS 40, 325, AND 355-399 (FEDERAL MOTOR CARRIER REGULATIONS).					
5.	I ALSO UNDERSTAND THAT ALL TOW TRUCKS AND FACILITIES OWNED OR OPERATED BY THE ABOVE ENTITLED COMPANY ARE SUBJECT TO INSPECTION AT ANY TIME AND AT ANY LOCATION BY AN AGENT OF THE LOUISIANA STATE POLICE.					
6.	6. I HEREBY ATTEST UNDER OATH AND PENALTY OF LAW, THAT I AM THE OWNER / PRESIDENT OF THE TOW COMPANY AND THE INFORMATION FURNISHED IS ACCURATE AND TRUE AND I WILL ABIDE BY ALL APPLICABLE LAWS, RULES AND REGULATIONS.					
D	DRIVER'S LICENSE NUMBER		TAX ID. NUMBER			
Y	YEAR AND MAKE		G. V. W. R.			
I.	I.C.C. NUMBER (IF APPLICABLE)		D.O.T. NUMBER (IF APPLICABLE)			
,	SIGNATURE OF APPLICANT/OWNER OR PRESIDENT OF THE CORPORATION DATE OF APPLICATION					
	NOTARY PUBLIC SIGNATURE/PRIN	TED NAME/ID#		DATE OF NOTARIZATION		
FC	OR OFFICE USE ONLY					
	TOWING LICENSE PLATE TOWING PLAT NUMBER		E EXPIRATION	VEHICLE IDENTIFICA	TION NUMBER	