APPLICATION FOR APPROVAL AS STATE POLICE AUTHORIZED TOWING SERVICE

(Revised July2009 wwg)

I WOULD LIKE TO APPLY TO HAVE MY TOWING AND RECOVERY SERVICE INCLUDED FOR STATE POLICE TOWING ZONE _____, AND TROOP _____.
ONLY THOSE APPLICANTS WHO MEETS THE REQUIREMENTS OF THE CURRENT STATE POLICE OPERATIONAL MEMORANDUM AND STATE LAW AND RULES REGARDING OPERATINAL REQUIREMENTS FOR TOWING COMPANIES MAY APPLY.

TOW TRUCK DESCRIPTION

TRUCK MAKE	YEAR MFG.	MFG MODEL NO.			MFG CAPACITY IN TONS
MFG. GVWR RATING	NO OF AXLES	TIRE SIZE	TIRE PLY	REAR WHEELS SINGLE ☐ DOUBLE ☐	COLOR
TYPE OF BRAKES	AIR ☐	VAC/HYD ☐	AIR HYD ☐	VIN NUMBER	
LICENSE NUMBER	YEAR	STATE			
LIST EXTRA EQUIPMENT:					

TOW TRUCK BOOM DESCRIPTION

TOW TRUCK MAKE	MFG MODEL NUMBER		TOTAL BOOM CAPACITY	TONS	BOOM SINGLE ☐ DOUBLE ☐
WINCH CAPACITY	LEFT #1	RIGHT #2	FRONT #3	REAR #4	OTHER #5
CABLE LENGTH IN FEET	#1	#2	#3	#4	#5
CABLE DIAMETER IN INCHES	#1	#2	#3	#4	#5

CONTRACT INFORMATION **(APPLICATION MUST BE RENEWED ANNUALLY)**

State Police reserves the right to cancel authorized towing operator status of any towing company for any violation of law, rule, or policy. Any towing company has the right to remove its name from the State Police Towing List without prior notice. I agree that if any towing company is placed on the State Police Towing List, my company will abide by all of the requirements of the current State Police Operational Memorandum and all applicable state law and rules regarding operational requirements for towing companies.

I hereby certify that my towing equipment and/or facility meets the minimum standards as required by the Office of State Police and State Law and Rules and will be maintained so as to keep said equipment and/or facility within these standards during all times.

TOWING APPLICANT SIGNATURE DATE PRINT NAME DRIVER'S LICENSE NO.

COMPANY NAME ADDRESS (TYPE OR PRINT)

COMPANY PHONE NUMBER

DPSSP 3614