



ARIZONA DEPARTMENT OF PUBLIC SAFETY

TOW TRUCK INSPECTION APPLICATION

Mail Drop No. 1200 ★ P.O. Box 6638 ★ 2102 W. Encanto Blvd. ★ Phoenix, Arizona 85005-6638 ★ Phone: (602) 223-2522

PLEASE TYPE ALL INFORMATION

DO NOT MAIL - MUST BE DELIVERED UPON INSPECTION.

ALL INFORMATION MUST BE COMPLETED FOR ALL APPLICATIONS.

COUNTY	DATE	TOW COMPANY NAME		
PHYSICAL STREET ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	SECONDARY / FAX PHONE NUMBER		E-MAIL ADDRESS	

TOW TRUCK DESCRIPTION

TRUCK MAKE	YEAR	MODEL	FUEL TYPE <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL	VEHICLE I.D. NUMBER (VIN)	
GROSS VEHICLE WEIGHT RATING	WHEEL BASE INCHES	WHEEL SIZE	BRAKE TYPE <input type="checkbox"/> AIR <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> ELECTRIC		LICENSE PLATE STATE

WRECKER ASSEMBLY DESCRIPTION

MAKE	MODEL	TYPE <input type="checkbox"/> ROLLBACK <input type="checkbox"/> WHEEL LIFT / UNDERLIFT <input type="checkbox"/> BOOM <input type="checkbox"/> TRUCK / TRACTOR / TRAILER			
WINCH TYPE <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GEAR <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> ELECTRIC / HYDRAULIC		WINCH CAPACITY #1 _____ LBS. #2 _____ LBS.			
CABLE CABLE LENGTH: #1 _____ FT. #2 _____ FT. CABLE DIAMETER: #1 _____ IN. #2 _____ IN.		DECK RATING: _____ LBS. BOOM LIFT RATING: _____ LBS. WHEEL LIFT RATING: _____ LBS.			

INSURANCE INFORMATION (This information is required. If not provided, the application will be returned.)

INSURANCE COMPANY NAME		EXPIRATION DATE	AMOUNT OF COVERAGE
POLICY NUMBER	BROKER'S NAME		PHONE NUMBER

TOW COMPANY OWNER INFORMATION

OWNER	SOCIAL SECURITY NUMBER		DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP CODE PHONE NUMBER

It is understood that in filing this application. I will comply with the rules and regulations for the design and operation of tow trucks as adopted by the Arizona Department of Public Safety and I further certify that operators of vehicles shall be competent by reason of experience or by training in the recovery and towing of vehicles as prescribed in the aforementioned rules and regulations. In filing this application, the applicant expressly agrees, under penalty of suspension of the applicant's permit, all rules and regulations will be followed.

X _____
Signature of Applicant (must be signed before a notary or DPS Trooper)

_____ *Date*

Subscribed and sworn before me this _____ day of _____,

Notary Public in and for said county and state

~ DPS USE ONLY ~

DATE RECEIVED	DATE INSPECTED	TOW TRUCK I.D. NUMBER	CLASS PERMIT
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APPROVED NOT APPROVED

X _____
Signature of Supervisor

X _____
Signature of Trooper