

Please apply using this original form ONLY.
Photocopies will NOT be accepted.



ARIZONA DEPARTMENT OF PUBLIC SAFETY
TOW TRUCK COMPANY
REGISTRATION APPLICATION

TOW TRUCK COMPANY I.D. NUMBER:

Mail Drop No. 3016 o P. O. Box 6638 o 2102 W. Encanto Blvd. o Phoenix, Arizona 85005-6638
 Phone: (602) 223-2000

Please type or print legibly in black ink. DO NOT MAIL. MUST BE DELIVERED UPON INSPECTION.

1 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:

2 TOW COMPANY OWNER INFORMATION: (Required for new company or change in ownership.) **3 IF CORPORATION: (Name, address, telephone number and FAX number.)**

OWNER:	NAME:
ADDRESS:	ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:
PHONE NUMBER: ()	DATE OF BIRTH:
SOCIAL SECURITY NUMBER:	PHONE NUMBER: ()
	FAX NUMBER: ()

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

INSURANCE COMPANY NAME:		
POLICY NUMBER:	EXPIRATION DATE: / /	AMOUNT OF COVERAGE: \$
BROKER'S NAME:		PHONE NUMBER: ()

5 STORAGE YARD: (Complete if applicable)

OWNER'S NAME:	ADDRESS:
LOT SIZE: (LENGTH) (WIDTH) (FENCE HEIGHT)	CITY: STATE: ZIP CODE:

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. Additionally, operators are required to adhere to any pertinent state or federal motor carrier regulations. In filing the application, the applicant expressly agrees, under penalty of suspension or revocation of the applicant's permit. All rules and regulations will be followed.

X _____
 Signature of Applicant

_____ , _____
 Date

Subscribed and sworn before me this _____ day of _____ , _____

 Notary Public in and for said county and state

DPS USE ONLY

COMPLETE NOT COMPLETED (See Remarks on back of form)

X _____ X _____
 Signature of Supervisor Signature of Officer

