

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



ARIZONA DEPARTMENT OF PUBLIC SAFETY
TOW TRUCK INSPECTION APPLICATION

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 TRUCK DESCRIPTION:

TOW TRUCK MAKE:	YEAR:	MODEL:	VEHICLE I.D. NUMBER (VIN):
GROSS VEHICLE WEIGHT RATING:	WHEEL BASE INCHES:	TIRE SIZE:	BRAKE TYPE: <input type="checkbox"/> AIR <input type="checkbox"/> HYDRAULIC

3 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.		BOOM LIFT RATING: _____ LBS. WHEEL LIFT RATING: _____ LBS.

4 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: ()

5 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. 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 of the applicant's permit. All rules and regulations will be followed.

X _____
Signature of Applicant must be signed before a Notary or DPS Officer)

_____ 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 OF PERMIT:
<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED			
X _____ <i>Signature of Supervisor</i>		X _____ <i>Signature of Officer</i>	