



# TOW TRUCK COMPANY REGISTRATION APPLICATION

Mail Drop No. 1240 • PO Box 6638 • 2102 W. Encanto Blvd. • Phoenix, Arizona 85005-6638 • Phone: (602) 223-2522

Please type

TOW TRUCK COMPANY I.D. NUMBER

**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 PHONE / FAX 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		COMPANY NAME			
ADDRESS		NAME OF PRESIDENT / OWNER			
CITY	STATE	ZIP CODE	ADDRESS		
PHONE NUMBER	DATE OF BIRTH	CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER		PHONE 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. In filing the application, the applicant expressly agrees, under penalty of suspension of the applicant's permit, all rules and regulations will be followed.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
SIGNATURE OF APPLICANT (must be signed before a notary or DPS Trooper)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Notary Public in and for said county and state

**DPS USE ONLY**

COMPLETE     NOT COMPLETED (See remarks on back of form)

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
SIGNATURE OF TROOPER

