LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

OFFICE OF STATE POLICE

TOWING AND RECOVERY

APPLICATION FOR APPROVAL AS STATE POLICE AUTHORIZED TOWING SERVICE

DPSSP 3614

I would like to apply to have my towing and recovery service included for State Police Towing Zone _____ and Troop _____.

Only applicants who meet the requirements of the current State Police Operational Memorandum, as well as all applicable state laws and rules regarding operational requirements for towing companies, may apply.

TOW TRUCK DESCRIPTION

Make _____ Year _____ Mfg. Model # _____ Color _____

Mfg. Capacity in Tons _____ Mfg. GVWR Rating _____ # of Axels ____ Tire Size ____ Tire Ply. _____

VIN _____ License #_____ Year _____ State _____

Rear Wheels: ☐ Single ☐ Double Type of Breaks: ☐ Air ☐ VAC/HYD ☐ Air/HYD

List Extra Equipment:

TOW TRUCK BOOM DESCRIPTION

Make _____ Mfg. Model # _____ Total Boom Capacity (tons) _____ Boom: ☐ Single ☐ Double

	Left	Right	Front	Rear	Other
Winch Capacity					
Cable Length in Feet					
Cable Diameter in Inches					

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.

Applicant Signature / Date	
Printed Name	
D.L. #	
Company Name	
Company Address	
Company Phone Number	