LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF STATE POLICE
TOWING AND RECOVERY

Tow Company Owner and Driver/Employee List

Towing Company Name	Date

Owner / Driver

Full Name	
Street Address	
City, State, ZIP	
Driver License Number	
Phone Number	

Drivers / Employees

Full Name	Address Line 1	City, State, Zip	D.L. #	Phone Number

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Full Name	Address Line 1	City, State, Zip	D.L. #	Phone Number

Attestation

I attest that the information provided in this form is true and correct and that all owners, drivers, and employees are listed. I will notify the LSP Towing and Recovery Unit before using any new or unlisted driver or owner.

Owner Signature	Date