Terry Riley
Chief of Police

SGT Kevin Bennett CPL Steven Grant

45 WEST HIGH STREET, HODGENVILLE. KENTUCKY 42748 PHONE (270) 491-5357

Company Information:

Company Name:_____

Company Address:_____

24 Hour Contact Phone Number:_____

Email Address:_____

Website:_____

Storage Location:_____

Office Hours:_____

Business License Included: Yes_____ No_____

Owner's Information:

Name:_____

Home Address:_____

Contact Number(s):_____

Email Address:_____

1. Number of Wreckers to be Placed on Rotation List:

Standard (Light Duty):_____ Heavy Duty:_____ Rollback:_____

2. Supply the following information for each wrecker:

a. Year/Make/Model:_____

VIN:_____

Registration Number:_____

Standard (light duty) Yes_____ No_____

Heavy Duty Yes_____ No_____

Roll back Yes_____ No_____

i. Registered Owners Information:

Name:_____

Insurance Company:_____

Policy Number:_____

Copy of Insurance (one copy if all insurance is on same policy) Yes No

b. Year/Make/Model:_____

VIN:_____

Registration Number:_____

Standard (light duty) Yes_____ No_____

Heavy Duty Yes_____ No_____

Roll back Yes_____ No_____

i. Registered Owners Information:

Name:_____

Insurance Company:_____

Policy Number:_____

Copy of Insurance (one copy if all insurance is on same policy) Yes No

(Attach Additional Sheet If Needed)

3. Supply for Each Driver:

a. Name:_____

Address:_____ Date of Birth:_____

Drivers License Number:_____

Copy of Criminal Record Check Yes No (see attached form)

Photo Copy of Drivers License Yes No

b. Name:_____

Address:_____

Date of Birth:_____

Drivers License Number:_____

Copy of Criminal Record Check Yes No (see attached form)

Photo Copy of Drivers License Yes No

c. Name:_____

Address:_____

Date of Birth:_____

Drivers License Number:_____

Copy of Criminal Record Check Yes No (see attached form)

Photo Copy of Drivers License Yes No

d. Name:_____

Address:_____

Date of Birth:_____

Drivers License Number:_____

Copy of Criminal Record Check Yes No (see attached form)

Photo Copy of Drivers License Yes No

(Attach Additional Sheet If Needed)

4. **Wrecker Equipment:**

   Please refer to Item 14 of the "Agreement For Towing & Storage Services,"--*Vehicle Equipment & Standards* for a comprehensive list of required equipment.

   Wreckers comply with above requirements: Yes_____ No_____

5. **Vehicle Storage Area:**

   Please refer to Item 18 of the "Agreement For Towing & Storage Services,"--*Storage facilities* for a detailed description of requirements for your storage facility.

   Storage Area complies with above requirements: Yes_____ No_____

Please note:

I contend that the information provided in this application is true and accurate to the best of my knowledge. I understand that a failure to provide required information, or, providing information of which I know or should know is untrue or inaccurate, shall result in my application being denied and the subsequent cancellation of any and all agreements that were made as a result of said application.

Signature:_____ Date:_____

Printed Name:_____

Title:_____

Witnessed by:_____

Date Received:_____

Received by:_____