



James Richardson
Chief of Police

SGT B Fletcher
A Squad

SGT T Riley
B Squad

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: _____