

Texarkana, Arkansas Police Department

**Wrecker Unit Inspection
(For New Permits Only)**

1. Name of Establishment _____
Address of Establishment _____
2. Wrecker Number _____
Make _____ Model _____ Year _____
VIN # _____ Plate # _____
3. Light Duty _____ Heavy Duty _____
4. Permit # _____
5. Date Permit Issued _____
6. Wrecker Equipment:
 - A. _____ Fire Extinguisher, ABC Type of at least nine (9) pound capacity
 - B. _____ Amber Flashing Lights that are visible within 360 degree rotation around the tow vehicle and visible in bright sunlight for tow vehicles hooking up, unhooking or winching when such occurs on the highway or highway right-of-way.
 - C. _____ Tail, Turn and Stop Lights to be attached to the rear of the towed or towing vehicle so as to be visible from the rear.
 - D. _____ Safety chains or straps to secure to towed vehicle to the tow vehicle.
 - E. _____ Flares, reflective cones or triangle safety signals, or other similar safety devices.
 - F. _____ Shovel and Broom as equipment for tow vehicles used in accident recovery.
 - G. _____ Towing business name and telephone number **permanently affixed**; painted or indicated by a decal on each side of the tow vehicle so this it is visible and legible from a distance of fifty (50) feet.
 - H. _____ Light and air brake hookups (required only on equipment capable of towing semi-trucks and trailer vehicles).
 - I. _____ Safety straps for wheel lift equipment as required by the equipment manufacturer.
 - J. _____ Winch(s) on tow vehicles used for recovery and/or hoisting and carrying a vehicle during transport shall have a minimum capacity of (L) 8,000 pounds and minimum cable size of 3/8" (inch) diameter, winch capacity and cable size shall increase proportionally with the Gross Vehicle Weight ratings.
 - K. _____ Dual rear wheels and rated at a minimum of 9,000 GVWR. (This requirement waived for any truck for which a tow vehicle safety permit was applied within ninety (90) days after enactment of these rules and regulations [July 1, 1994]).
 - L. _____ Trailer, dolly, or other separately hitched towing-related device to transport or otherwise facilitate the movement of vehicles on public roadways. (Refer Rule 7)

***Minimum requirements specified in Rule 7 of Rules and Regulations promulgated by the Arkansas Towing and Recovery Board pursuant to A.C. A. 27-50-1201 et seq.**

****The Texarkana, Arkansas Police Department will accept a copy of the applicant's NONCONSENT TOW VEHICLE SAFETY EQUIPMENT INSPECTION FORM which any certified law enforcement officer has examined in lieu of this page of the application. However, the applicant must provide one NONCONSENT TOW VEHICLE SAFETY EQUIPMENT INSPECTION FORM per towing vehicle.**

Signature of TAPD Maintenance Officer

Date of signature

City of Texarkana, Arkansas

Application for Wrecker Services Permit

1. Application for authorized wrecker services permits in the City of Texarkana, Arkansas to engage in any business or operation regulated by State and Local laws shall be in writing and sworn to, and shall contain the full name(s) and correct home address and an accurate description and the correct address of the premises wherein the business or operation is to be conducted, which address shall be considered the proper address for all notices to the applicant.
2. Any misstatement or suppression of fact in the application or accompanying affidavit shall be ground for denial, suspension or revocation of permit.
3. Failure to complete all question on the application shall be grounds for denial, suspension or revocation of permit.
4. A felony conviction or DWI violation shall be grounds for denial, suspension or revocation of permit.
5. If applicant or any other person required to have same qualifications does not possess the qualifications during the term of the permit, it shall be grounds for denial, suspension or revocation of permit.
6. If the business is a corporation, all officers and directors and all stock holders owning in the aggregate more than five (5) percent of the stock and the person or persons who shall conduct or manage the business shall possess the qualifications required of the applicant and shall continue to possess the qualification during the term of the permit.
7. If the applicant's business is to be conducted wholly or partly by one or more managers, agents, servants, employees or other representatives, that person shall also possess the qualifications required of the applicant and shall continue to possess the required qualifications during the term of permit.
8. Do you agree to notify the Services Division of the Texarkana Arkansas Police Department of any changes to any question on Part A, B, and C of this application that may occur during period of permit? **Yes**_____ **No**_____. Do you understand failure to report any changes of answers to this application during term of permit shall be grounds for denial, suspension or revocation of permit? **Yes**_____ **No**_____
9. This permit is personal to the permittee, does not belong to the premises and is not assignable or heritable.
10. A separate Wrecker Services Permit is required for each place of business.
11. A separate Wrecker Unit Permit is required for each wrecker.
12. Depending upon the type of permit applied for and the type of wrecker services business to be conducted, multiple Wrecker Services Permits may be required. This determination will be made by the City upon the applicant's initial filing of his/her application for a permit.

Any discrepancies in the application or question arising out of it must be resolved to the satisfaction of the City of Texarkana, Arkansas prior to the issuance of the permit.

I have read the above and understand the requirements for applying for a permit from the City of Texarkana, Arkansas.

Name of Establishment

Signature of Applicant

Date of Application

City of Texarkana, Arkansas

Application for Wrecker Services Permit

Fee: \$25.00 per Towing Vehicle

You Must Attach: Insurance coverage statement, list of shareholders, partnerships, etc. and list of drivers/operators – to include name, address, date of birth, and copy of their current driver’s license.

Type of Permit: _____ Date of Application: _____

The undersigned applies for the permit listed above for the period ending _____, 20____, on the premises hereinafter described: at which location wrecker service business is not prohibited by Federal, State, or Local law, and hereby agrees to comply with all laws, ordinances and regulations affecting the wrecker service business.

Part A

1. Name of Establishment _____

Address _____

Telephone Number(s): Daytime _____

Nighttime _____

2. Type of Business _____

3. Type of Permit _____

4. Do you own the premises? Yes _____ No _____

If no, complete the following:

Name of Lessor _____

Address _____

Telephone _____

5. If the business is a corporation or partnership or the agent or representative for any corporation, partnership, or firm which owns or controls any part of the premises, or which leases or operates any part of the premises, complete the following:

Name of Corporation, Partnership, Firm _____

Address of Corporation, Partnership, Firm _____

Telephone Number _____

6. Names and addresses of Officers and Directors (if a corporation, partnership or firm)

A. Name _____ Address _____
Capacity (Present, Partner, Etc.) _____ Percent of Ownership _____
Age _____ Date of Birth _____ Sex _____ Race _____
Social Security # _____ Driver's License # _____

B. Name _____ Address _____
Capacity (Present, Partner, Etc.) _____ Percent of Ownership _____
Age _____ Date of Birth _____ Sex _____ Race _____
Social Security # _____ Driver's License # _____

C. Name _____ Address _____
Capacity (Present, Partner, Etc.) _____ Percent of Ownership _____
Age _____ Date of Birth _____ Sex _____ Race _____
Social Security # _____ Driver's License # _____

7. If a corporation, firm, etc., attach a list of all shareholders as of this date and the percentage of ownership or each stockholder and sign your name.
8. Place of Incorporation _____
9. Date of Incorporation _____
10. Has anyone connected with the business, other than applicant, ever been convicted of a felony under the laws of the United States, the State of Arkansas, or any other State? Yes _____
No _____
11. Is there anyone connected with the business, other than the applicant, presently under indictment or are there any criminal charges pending against them? Yes _____ No _____
12. Has anyone connected with the business, other than the applicant, ever been convicted of (within the past three (3) years) or presently under indictment for DWI charges? Yes _____ No _____
13. Is there anyone connected with the business, other than the applicant, who has had their driver's license suspended or revoked during the past three (3) years? Yes _____ No _____
14. Has anyone connected with the business, other than the applicant, has a wrecker license or permit issued by the United States, State or Arkansas, any other State, any County or any Municipality, revoked or suspended within five (5) years prior to this application? Yes _____ No _____

Note: If the answer was yes to any of the questions through 14, explain answers fully on a separate sheet with your signature at the bottom and attach to this application.

Part B

1. Name of Applicant _____
Address of Applicant _____
Telephone # _____ Age _____ Date of Birth _____
Place of Birth _____ Social Security # _____
Driver's License # _____ State of Driver's License _____
Type of License (Chauffeur/Operators) _____
2. Are you a citizen of the United States? Yes _____ No _____
3. Are you a resident of the State of Arkansas? Yes _____ No _____
4. How long have you lived at your present address? _____
5. How long have you lived in the Texarkana area? _____
6. Last address before moving to the Texarkana area:
Address _____
City _____ State _____ Zip Code _____
7. Have you ever used any other name than the one given herein? Yes _____ No _____
If yes, give details below:
Name used _____ Place used _____ Date _____
8. Has applicant ever been convicted of a felony and/or misdemeanor crime (Including traffic) under the laws of the United States, the State of Arkansas, or any other State? Yes _____ No _____
9. Is applicant, the business, or anyone connected with the business, presently under civil litigation regarding the wrecker service business? Yes _____ No _____
10. Is applicant presently under indictment or are there any criminal or DWI charges pending against him? Yes _____ No _____
11. Has the applicant had his/her driver's license suspended or revoked during the past three (3) years? Yes _____ No _____
12. Have you ever had a license or permit to deal in wrecker services issued by the United States, State of Arkansas, any other State, any County, or any Municipality, revoked or suspended within five (5) years prior to this application? Yes _____ No _____

Note: If yes was answered to any of the questions, explain fully on separate sheet with your signature at the bottom and attach to this application.

Part C

- 1. Wrecker # _____
Make _____ Model _____ Year _____
VIN # _____ Plate # _____ State _____
Light Duty _____ Heavy Duty _____
Permit # _____ Date Issued _____
- 2. Wrecker # _____
Make _____ Model _____ Year _____
VIN # _____ Plate # _____ State _____
Light Duty _____ Heavy Duty _____
Permit # _____ Date Issued _____
- 3. Wrecker # _____
Make _____ Model _____ Year _____
VIN # _____ Plate # _____ State _____
Light Duty _____ Heavy Duty _____
Permit # _____ Date Issued _____
- 4. Wrecker # _____
Make _____ Model _____ Year _____
VIN # _____ Plate # _____ State _____
Light Duty _____ Heavy Duty _____
Permit # _____ Date Issued _____

This affidavit must be executed by applicant before a Notary Public and Notarized in Texarkana, Arkansas.

I swear (or affirm) that I have read each of the questions in Part A, B and C of this application and that the answers which I have given are true and correct to the best of my knowledge. I further swear (or affirm) that the attached list of shareholders to which I have affixed my signature is true and correct to the best of my knowledge. I understand that any intentional falsification on this application will result in suspension or revocation of the permit(s) approved.

Signature of Applicant

State of Arkansas)
County of Miller)

Subscribed and sworn to before me this the _____ day of _____ 20_____.

Signature of Notary Public

Approved by _____ Date of Final Approval _____
Chief of Police or Designee