



Kingsport Police Department

200 Shelby Street, Kingsport, TN 37660

Attachment: A

Wrecker/Towing Service Application

To The Office of Chief of Police:

_____, being the owner/proprietor of
(Name)

_____ do hereby request to be considered to be
(Wrecker/Towing Service)

included on the Kingsport Police Department Rotation List for Wrecker/Towing Service

Companies. I further attest that I have read, understand, and will comply with all provisions

governing the use of wrecker/towing services as contained in the *Wrecker/Towing Service*

Regulations and Standards while performing services requested by the members of the

Kingsport Police Department.

I do solemnly affirm that all statements and information made in connection with this application

are true to the best of my knowledge and understanding.

Signature of Owner



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Attachment: B

Wrecker/Towing Service Company Disclosure

I. Name of Service: _____

Address: _____

Phone #: _____

Owner: _____

Driver License #: _____ State: _____

Issue Date: _____ Expiration Date: _____

II. Address of Storage Facilities: _____

Type of Storage Facilities: Fenced Lot _____ Building _____

Phone #: _____ Staffed M-F 8:00 a.m. – 5:00 p.m.: _____

III. Location of Tow Vehicles: _____

IV. Business License #: _____ City: _____

County: _____ State: _____

V. Vehicles

The following is a complete list of all tow vehicles to be considered for use and eligible to be inspected and are registered or owned by the company.

Class	Year	Make	Model	Plate #	State	VIN



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Attachment: C

Driver / Insurance Qualification

I do hereby submit this listing of all personnel who are employed by this company and will at any time be required to drive a tow vehicle or perform emergency roadside assistance as directed by members of the Kingsport Police Department. I further authorize the Kingsport Police Department to conduct a criminal history and driver license check on these personnel as authorized and in compliance with regulations established by the Wrecker/ Towing Service Regulations and Standards.

(signature of owner/proprietor)

Date _____

<i>Driver</i>	<i>DOB</i>	<i>DL #</i>	<i>State</i>	<i>Class</i>

As further required by regulations, I am submitting the following insurance information for review:

Name of Insurance Company carrying vehicle liability _____

Name of Insurance Company carrying garage keepers liability _____

Name of Insurance Company carrying on-hook liability _____

<i>Type</i>	<i>Agent's Name</i>	<i>Phone #</i>	<i>Policy #</i>	<i>Amount</i>	<i>Expiration Date</i>
Vehicle Liability					
Garage Keepers					
On-Hook Liability					