



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157

1-800-299-1700 - FAX (512) 463-5984

www.license.state.tx.us - towing@license.state.tx.us

Additional Tow Truck Report

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW			TOW TRUCK COMPANY CERTIFICATE NUMBER <small>(required)</small>
RECEIPT NUMBER	PMT. AMOUNT	MONEY TYPE	
DO NOT WRITE IN THE FEE AREA IMMEDIATELY ABOVE			

Name of Tow Truck Company: _____ DBA: _____

Physical Location: STREET ADDRESS MUST BE DESIGNATED BELOW. (A license will not be issued to a P.O. Box.)

Number, Street, Suite No., Apt. No. _____ City _____ State _____ Zip _____

Mailing Address : (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)

Number, Street, Suite No., Apt. No. _____ City _____ State _____ Zip _____

Business Phone: () - Fax: () -

Make of Tow Truck	Unit Number	Year	COMPLETE Vehicle Identification Number (VIN)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8/			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Enter the number of tow trucks associated with this tow truck company, multiply that number by \$25 to get the Tow Truck fee. Each tow truck will be registered for one year.

Number of Tow Trucks _____ X \$25 (1 year) = \$ _____

By signing and submitting this application, I certify that the information provided on this form is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that the applicant (1) is in compliance with the drug testing requirements contained in 49 C.F.R. Part 382; (2) has knowledge of, and will conduct operations in accordance with, applicable federal and state laws and rules relating to motor carrier safety, including Texas Transportation Code, Chapter 541-600, 643, and 644; and (3) has the required insurance as set forth in 43 TAC § 18.16

Signature of Owner, Partner, Officer or Authorized Agent _____ Printed Name _____

Title _____ Date _____