



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

7 - 90 - DAY TOW TRUCK COMPANY APPLICATION

PURSUANT TO TEXAS OCCUPATIONS CODE, CHAPTER 2308

Table with 3 columns: RECEIPT NUMBER, PMT. AMOUNT, MONEY TYPE. Includes instructions: DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW and ABOVE.

1. Name of Tow Truck Company: DBA:

2. 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

3. Mailing Address : (USED FOR ALL CORRESPONDENCE) (P.O. Box is allowed for this address.)
Number, Street, Suite No., Apt. No. City State Zip

4. Business Phone: () - 5. Fax: () -

6. SS # (required if Sole Proprietor): 7. Email Address:

8. Type of Ownership: [] Corporate [] Partnership [] Sole Proprietor [] Other

9. Company Owner, Partners or Corporate Officers (attach additional sheet if necessary)
Name and Title Name and Title
Name and Title Name and Title

10. Legal Agent's Name: Phone: () -
Street Address City State Zip

11. Do you belong to a drug-testing consortium? [] Yes [] No

12. Persons Operating Consortium
Name Name

Insurance Requirements: ALL INSURANCE FILINGS MUST BE SUBMITTED BY YOUR INSURANCE COMPANY THROUGH TDLR'S TEXAS OCCUPATIONS ONLINE LICENSING SYSTEM (TOOLS) AT WWW.LICENSE.STATE.TX.US/TOOLS/.

13. Cargo Insurance
\$50,000 per vehicle Cargo Insurance is required if TT Company performs nonconsent tows.
Does Carrier Perform Nonconsent Tows? [] Yes [] No

14. Liability Insurance
If gross weight, registered weight or gross weight rating of 26,000 pounds or less then \$300,000 in liability insurance is required.
If gross weight, registered weight or gross weight rating over 26,000 pounds then \$500,000 in liability insurance is required.
[] \$300,000 OR [] \$500,000 in Liability

15. FEES

Table with 5 columns: APP. FEE, LIABILITY INS. FEE, CARGO INS. FEE (required if performing nonconsent tows), TOW TRUCK(S) FEE (from Appendix A), Total Fees. Values: \$100, \$100, \$100, \$25 X # of Trucks.

16. 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



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Appendix A: 7 - 90 Day Tow Truck Report

INSTRUCTIONS	• Type or print legibly in blue or black ink.	• Do not list trailers.
	• Enter required information on all Tow Trucks.	• If additional space is needed, please make a copy of this page.

Name of Tow Truck Company:	Street Address:
DBA:	

Vehicle Make	Unit Number	Year of Vehicle	COMPLETE Vehicle Identification Number (VIN)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Number of Tow Trucks _____ X \$25 (7 - 90 - day) = \$ _____

Total Fees = \$ _____