



# OKLAHOMA DEPARTMENT OF PUBLIC SAFETY

## Wrecker Services Division

### Original Application for Wrecker/Towing Service License

Application For:

- General License       Small (Up to 24,000 GVWR)  
 Class AA Operator       Truck Medium (24,000 GVWR to 44,000 GVWR)  
 Truck Large (44,000 GVWR and Larger)

OFFICE USE ONLY

Date Received \_\_\_\_\_

Date Licensed \_\_\_\_\_

DPS NO. \_\_\_\_\_

Company Name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

DBA \_\_\_\_\_ Night Phone (\_\_\_\_) \_\_\_\_\_  
 (If different from company name)

Name of person to contact \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Office Location \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 (911 Address if applicable)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Outdoor Storage \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 (Physical Address)

Indoor Storage \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 (Physical Address)

- Own       Lease (Please enclose a copy of the lease agreement)      No Storage Facility  Class G Only

**OWNERSHIP INFORMATION (IF MORE THAN ONE PERSON LISTED, MUST HAVE TWO SIGNATURES ON BACK)**

Is this a(n)       Individual Ownership       Partnership       Corporation       Limited Liability Company

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL # \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL # \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

Description of all wreckers to be licensed. Use additional sheet if necessary

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	GVWR	Office Use Office Decal	TYPE OF VEHICLE (CHECK ONE)			
					Sling	Pintle Hook	Wheel Lift	Roll Back
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All Drivers must be listed in this section, including owners, if they drive the vehicles. (use additional sheet if necessary)

Driver License Number	Name	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pursuant to 47 O.S. 2-112, the Department shall examine and determine the genuineness, regularity and legality of every application, driver license and any other application lawfully made to the Department, and may in all cases make investigation as may be deemed necessary or require additional information, and shall reject any such application if not satisfied of the genuineness, regularity or legality thereof or the truth of any statement contained therein, or for any other reason, when authorized by law.

Pursuant to 47 O.S. Section 951.et.seq. and the Rules of the Department of Public Safety pertaining hereto, the undersigned applies for a license to operate a Wrecker/Towing Service in the State of Oklahoma.

**AFFIDAVIT**

Under Oath, I affirm that I have examined all Department Rules pertaining hereto and in good faith shall endeavor to abide by all applicable laws and rules governing the Wrecker and Towing Service for which this application is made; I affirm that the information submitted in the application is true and complete.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Applicant Signature	Other Officer Signature
Printed Name & Title	Printed Name & Title
Attest:	Attest:
Subscribed and sworn to before me this	Subscribed and sworn to before me this
_____ day of _____	_____ day of _____
Notary Public/Commission Number	Notary Public/Commission Number
My commission expires _____	My commission expires _____

**THE FOLLOWING FORMS MUST BE SUBMITTED BEFORE A WRECKER LICENSE WILL BE ISSUED:**

- Authorized agent or Insurance Carrier must complete and submit Certificate of Insurance (WA) form.
- Statutory Fee of \$100.00 (payable by check or money order to DPS. No cash please)
- OSBI Background Check Results. A new resident within the last five (5) years will need to submit a criminal history background check from the previous state of residence.
- Incorporation or LLC certificate from the Secretary of State, if applicable.
- Lease agreement on storage facility, if applicable.

Complete and return the above documents with the original application and fee to:

Department of Public Safety  
Wrecker Services Division  
P. O. Box 11415  
Oklahoma City, OK 73136-0415

For questions call (405) 425-2295