

City of Port Aransas
Tow Truck/Storage Facility
Application Form

Thank you in your interest in being or staying on wrecker rotation for the City of Port Aransas. We require the following information either to update our files or to examine a new request to be put on rotation. Please include all information requested so that your packet can be processed. Failure to include all information will result in your company being called to come pick up the form to complete the information.

BUSINESS INFORMATION

- 1) Business Name being used _____
- 2) Physical address for storage facility _____
- 3) Mailing address for storage facility _____
- 4) Office phone number(s) _____
- 5) Normal business dates/hours _____
- 6) Attach copies of the following to this form;
 - a) TXDot paperwork on storage facility
 - b) Proof of storage facility insurance
 - c) Photographs of storage facility
 - d) A letter of how the storage facility can be contacted 24 hrs

OWNER INFORMATION

- 1) Full name of owner _____
 - 2) Date of birth _____
 - 3) Home address _____
 - 4) Home/Cell phone number(s) _____
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OPERATOR INFORMATION (if business operator is same as owner just write same)

- 1) Full name of operator _____
- 2) Date of birth _____
- 3) Home address _____
- 4) Home/Cell phone numbers _____

TOW TRUCK INFORMATION

- 1) Fill out a tow truck identification form for each registered tow truck. (Supplement form #2)
- 2) Proof of insurance on each vehicle
- 3) Txdot paperwork for each tow truck
- 4) Photograph of each tow truck

TOW TRUCK OPERATORS (Supplement form #1)

- 1) Fill out a tow truck operator form for each operator
 - 2) Attach a copy of their drivers license to this form
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NOTE: After this paperwork has been filed with the City of Port Aransas, it is the responsibility of the business owner to contact the City on any changes in vehicles, facility sites or tow truck operators. Failure to do so may result in your being taken off rotation until the update is completed.

City of Port Aransas
Supplement #1
Tow Truck
Operator Form

A form must be filled out on all personnel that will be operating a tow truck for your business.

- 1) Name of Operator _____
 - 2) Home address _____
 - 3) Home/cell phone _____
 - 4) Date of birth _____
 - 5) Social Security number _____
 - 6) Drivers license number _____
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Note a copy of the operators drivers license needs to be attached to this packet.

City of Port Aransas
Supplement #2
Tow Truck
Information Form

A Form must be filled out on all tow trucks that will be in operation for your company.

- 1) Year of vehicle _____
- 2) Make/model of vehicle _____
- 3) VIN number _____
- 4) Tow truck license plate number _____
- 5) Color of vehicle _____
- 6) Is this a standard wrecker or a roll back _____
- 7) Tow truck Tag # _____

Note: a copy of the Txdot paperwork for the wrecker along with proof of insurance for that wrecker must be attached to this packet.