

# TOWING ROTATION APPLICATION

## JULY 2016 - JUNE 2017



# UNIFIED POLICE

GREATER SALT LAKE

### COMPANY INFORMATION

Business Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Dispatch Phone: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

**Zone Request**  
*(select only one)*

**Specialty Rotation**  
*(select all that apply)*

- Canyons (Zone 5)
- Heavy Duty
- 4x4

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### BUSINESS OWNERS

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
BCI Report Date: \_\_\_\_\_ DLD Report Date: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
BCI Report Date: \_\_\_\_\_ DLD Report Date: \_\_\_\_\_

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### **MANAGERS, OFFICE STAFF & OTHER EMPLOYEES**

*Attach additional sheets if necessary.*

Full Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip Code

BCI Report Date: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip Code

BCI Report Date: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip Code

BCI Report Date: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip Code

BCI Report Date: \_\_\_\_\_

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\_\_\_\_\_  
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### **TOW TRUCK OPERATORS**

*Attach additional sheets if necessary.*

**\*\*Include Business Owners also functioning as Operators\*\***

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City Zip Code

Driver License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ BCI Report Date: \_\_\_\_\_  
Wrecker Certification Type: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ DLD Report Date: \_\_\_\_\_  
Medical Card Expiration: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City Zip Code

Driver License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ BCI Report Date: \_\_\_\_\_  
Wrecker Certification Type: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ DLD Report Date: \_\_\_\_\_  
Medical Card Expiration: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Street City Zip Code

Driver License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ BCI Report Date: \_\_\_\_\_  
Wrecker Certification Type: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ DLD Report Date: \_\_\_\_\_  
Medical Card Expiration: \_\_\_\_\_

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### TOW TRUCKS

*Attach additional sheets if necessary.*

License Plate: \_\_\_\_\_

VIN: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

UDOT Inspection Date: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Type (Check all that apply):

Vehicle Make: \_\_\_\_\_

Wheel Lift Only     4 x 4

Vehicle Model: \_\_\_\_\_

Flat Bed             Heavy Duty

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License Plate: \_\_\_\_\_

VIN: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

UDOT Inspection Date: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Type (Check all that apply):

Vehicle Make: \_\_\_\_\_

Wheel Lift Only     4 x 4

Vehicle Model: \_\_\_\_\_

Flat Bed             Heavy Duty

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License Plate: \_\_\_\_\_

VIN: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

UDOT Inspection Date: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Type (Check all that apply):

Vehicle Make: \_\_\_\_\_

Wheel Lift Only     4 x 4

Vehicle Model: \_\_\_\_\_

Flat Bed             Heavy Duty

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License Plate: \_\_\_\_\_

VIN: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

UDOT Inspection Date: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Type (Check all that apply):

Vehicle Make: \_\_\_\_\_

Wheel Lift Only     4 x 4

Vehicle Model: \_\_\_\_\_

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License Plate: \_\_\_\_\_

VIN: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

UDOT Inspection Date: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Type (Check all that apply):

Vehicle Make: \_\_\_\_\_

Wheel Lift Only     4 x 4

Vehicle Model: \_\_\_\_\_

Flat Bed             Heavy Duty

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### **STORAGE YARDS**

*Attach additional sheets if necessary.*

All Rotation Yards must be State Tax Commission approved. All of the yards listed must have a yard office staffed and open for business during normal business hours, Monday through Friday, unless a company provides evidence of the Central Office Authorization from the State Tax Commission Motor Vehicle Division. In this case, yard number one (1) will be listed as the Central Office and a copy of the written Central Office Authorization form must be submitted with the application.

Central Office Approved:

DOT Yard Number: \_\_\_\_\_ On Site Yard Operator Name: \_\_\_\_\_  
Business License City: \_\_\_\_\_ Business License Expiration: \_\_\_\_\_  
Yard Phone Number: \_\_\_\_\_ Tax Commission Inspection Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Street City Zip Code

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DOT Yard Number: \_\_\_\_\_ On Site Yard Operator Name: \_\_\_\_\_  
Business License City: \_\_\_\_\_ Business License Expiration: \_\_\_\_\_  
Yard Phone Number: \_\_\_\_\_ Tax Commission Inspection Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Street City Zip Code

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DOT Yard Number: \_\_\_\_\_ On Site Yard Operator Name: \_\_\_\_\_  
Business License City: \_\_\_\_\_ Business License Expiration: \_\_\_\_\_  
Yard Phone Number: \_\_\_\_\_ Tax Commission Inspection Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Street City Zip Code

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DOT Yard Number: \_\_\_\_\_ On Site Yard Operator Name: \_\_\_\_\_  
Business License City: \_\_\_\_\_ Business License Expiration: \_\_\_\_\_  
Yard Phone Number: \_\_\_\_\_ Tax Commission Inspection Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Street City Zip Code

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