

TOWING ROTATION APPLICATION
JULY 2018 - JUNE 2019



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: _____

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: _____

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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UNIFIED
POLICE
GREATER SALT LAKE

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: _____

Full Name: _____ Title/Position: _____

Phone Number: _____ Date of Birth: _____

Home Address: _____

Street

City

Zip Code

BCI Report Date: _____

Full Name: _____ Title/Position: _____

Phone Number: _____ Date of Birth: _____

Home Address: _____

Street

City

Zip Code

BCI Report Date: _____

Full Name: _____ Title/Position: _____

Phone Number: _____ Date of Birth: _____

Home Address: _____

Street

City

Zip Code

BCI Report Date: _____

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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: _____

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: _____

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

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

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

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

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

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

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

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

Company Name
Rotation Application