

**TOWING ROTATION  
APPLICATION  
JULY 2020 - JUNE 2021**



**COMPANY INFORMATION**

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

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

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

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

**Zone Request**

*(select only one)*

Receipt number

**Specialty Rotation**

*(select all that apply)*

Canyons

Heavy Duty

4 X 4

Motorhomes

**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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**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: \_\_\_\_\_

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

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

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\_\_\_\_\_  
**Company Name**  
*Rotation Application*

TOWING ROTATION  
APPLICATION  
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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: \_\_\_\_\_ (Office Use Only) Receipt #: \_\_\_\_\_

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**UNIFIED  
POLICE**  
GREATER SALT LAKE

**TOW TRUCKS**

*Attach additional sheets if necessary.*

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

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

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

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

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

**UPD Decal** *(office use only)*

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

Type *(Check all that apply):*

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

- Wheel Lift Only     4 x 4  
 Flat Bed             Heavy Duty
- 

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

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

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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:

**Motor Carrier Expiration:**

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

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