

## ADD OR REMOVE WRECKER VEHICLE OPERATOR

Pursuant to OAR 595:25-5-10(12), this form must be submitted to the Department within 3 business days of hiring or terminating a wrecker vehicle operator.

☐ Add Driver				ſ			☐Remove Driver	
Date of Hire	D	Date of Separation						
	Wrecker	R COMP	ANY INFO	RMAT	ION			
Name of Company				DPS#				
Company Address			City		ST Z	Zip		
	Nπ	IVED IN	EODM ATI	ON				
DRIVER INFORMATION  Last Name   M.I.						Date of Birth		
Last Name	First Name	First Name		IVI.I.		Date of Birth		
Driver License Number Class				State of		Expiration Date		
Differ Electise (valide)			Class	Issuance		Expiration Date		
If this form is submitted to	REMOVE a driver, stop here	. Sign the	form and s	ubmit it	to the address pr	ovided.		
	DRIVER	Histoi	RY INFORM	MATIO	N			
US Citizen ☐ Yes☐ No	If No, provide at least one	immigrat	ion identifie	r/enum	erator:			
Has the driver worked for another Oklahoma wrecker service?						Yes□ No □		
	wing information for each previo	us employ	er:					
Company Name (attach addition	onal sheets if necessary)					Dates of Employment (mm/yyyy)	Still Employed Yes □ No□	
Has the driver ever been denied, revoked, or suspended from working for a wrecker service in Oklahoma or any other state?						Yes □ No □		
If yes, provide the following	information:							
State	Reason for denial, revocat	Reason for denial, revocation, or suspension					Year	
Has the driver ever been convicted of a felony?						Yes □	No 🗆	
If yes, provide the following information: (attach additional sheets if necessary)								
Name of Court	Case #				of Conviction	Federal or State Court		
I state under the penalty of p	erjury under the laws of Oklahoma	that the for	regoing is true	and cor	rect.			
Signature of Employer			e and Place			_		
Printed Name of Employer								
You may submit thi	s form to the Department by:							
USPS: Department of Public Safety			E-mail: wrecker@dps.ok.gov					

Department of Public Safety Wrecker Services PO Box 53004 OKC, OK 73152