Department of Public Safety
WRECKER SERVICES DIVISION
Original Application for Wrecker/Towing Service License

DPS-_____-W **Class _____ (AA or G)** Day Phone (_____)_____

Company Name: _____

DBA_____ Night Phone (_____)_____

Name of person to contact _____ Cell Phone (_____)_____

Office Address_____City_____Zip_____County_____

Mailing address (if different from above)_____

Email address(To notify wrecker service of changes, will not be shared) _____

Storage Facility ☐ Own ☐ Lease

Outdoor Storage physical address_____

Indoor Storage physical address_____

Additional Storage_____ ☐ Indoor ☐ Outdoor

OWNERSHIP INFORMATION (PARTNERSHIPS MUST HAVE TWO SIGNATURES ON THE BACK)
List the legal name of the owner, owners or corporate officers, as well as any nicknames or aliases. Use additional sheet if necessary.

Is this a(n), **check one**: ☐ Individual Ownership ☐ Partnership ☐ Corporation Federal ID#_____ ☐ LLC

1. Name_____Date of Birth_____DL#_____

   Title_____(Owner, Partner, President, Vice President, etc.)

   Home Address_____City_____ Zip_____Hm Phone_____

2. Name_____Date of Birth_____DL#_____

   Title_____(Owner, Partner, President, Vice President, etc.)

   Home Address_____City_____ Zip_____Hm Phone_____

3. Name_____Date of Birth_____DL#_____

   Title_____(Owner, Partner, President, Vice President, etc.)

   Home Address_____City_____ Zip_____Hm Phone_____

DPS-_____-W **Wrecker Service Name**_____

All support personnel, drivers, office personnel and mechanics, must be listed in this section, including owner(s), if the owner(s) drives the vehicles. Use additional sheet if necessary

Driver License Number	Name	Date of Birth	Check all that apply: Driver	Garage	Office	Other
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐
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			☐	☐	☐	☐
			☐	☐	☐	☐
			☐	☐	☐	☐

List all law enforcement rotation areas your wrecker service preforms a tow of a vehicle made by an operator when a law enforcement officer compels a vehicle be towed or makes a request for a tow using a law enforcement rotation log: (example, OHP, County, City, Indian Tribes, State Rangers, etc)

_____

_____

_____

_____

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_____

_____

_____

Description of all wreckers to be licensed. Use additional sheet if necessary.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER NUMBER	Office Use _____	Check all that apply TYPE OF VEHICLE Sling	Wheel Lift	Rollback
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐

Pursuant to 47 O.S. 2-112, the Department shall examine and determine the genuineness, regularity and legality of every application, driver license and any other application lawfully made to the Department, and may in all cases make investigation as may be deemed necessary or require additional information, and shall reject any such application if not satisfied of the genuineness, regularity or legality thereof or the truth of any statement contained therein, or for any other reason, when authorized by law.

Pursuant to 47 O.S. Section 951 et seq. and the rules of the Department of Public Safety pertaining hereto, the undersigned applies for a license to operate a Wrecker/Towing Service in the State of Oklahoma.

AFFIDAVIT

Under Oath, I affirm that I have examined all Department rules pertaining hereto and in good faith shall endeavor to abide by all applicable laws and rules governing the Wrecker and Towing Service for which this application is made; I affirm that the information submitted in the application is true and complete.

Dated this _____day of _____ 20_____. **DPS-_____-W**

_____
Applicant's Signature

_____
Print Name and Title

Attest: Subscribed and sworn to before me this

_____day of _____20_____

_____
Notary Public Signature

Seal Impression

_____
Commission expires

_____
Commission number

_____
Other Officer's Signature

_____
Print Name and Title

Attest: Subscribed and sworn to before me this

_____day of_____20_____

_____
Notary Public Signature

_____
Commission expires

_____
Commission number

Seal Impression

YOUR PRESENT WRECKER/TOWING SERVICE LICENSE WILL EXPIRE ON DECEMBER 31ST

Return the completed application (signed and notarized) with the statutory fee of $500.00 (payable by check or money order **NO CASH PLEASE**) prior to December 1st, to:

OKLAHOMA DEPARTMENT OF PUBLIC SAFETY
WRECKER SERVICES DIVISION
PO BOX 53004
OKLAHOMA CITY OK 73152-9998
For questions email wrecker@dps.ok.gov or call (405) 425-2424

Office Use Only

Check or Money Order No._____Receipt No._____

Date mailed_____ By_____