

OSP APPOINTMENT NUMBER: _____

CHECK ONE:

_____ New Application

RETURN APPLICATION BY: _____

_____ Renewal

**OREGON STATE POLICE
APPLICATION FOR LETTER OF APPOINTMENT
NON-PREFERENCE TOW LIST**

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION

(1) A person commits the offense of false swearing relating to regulation of vehicle related businesses if the person knowingly makes any false affidavit or knowingly swears or affirms falsely to any matter or thing relating to the regulation of vehicle dealers, wreckers, towing businesses, vehicle transporters, snowmobile dealers, Class I all-terrain vehicle dealers, commercial driver training schools or driver training instructors under the vehicle code.

(2) The offense described in this section, false swearing relating to regulation of vehicle related business, is a Class C felony. ORS 822.605. (Punishable by up to 5 years in prison and / or \$100,000.00 fine. ORS. 161.625

- a. All areas of this application must be completed in their entirety.
- b. **Applications received with blank information areas and/or missing information will not be accepted for further processing.**
- c. **All data areas must be filled in with the information requested.**
- d. **Answers such as see above, or see page #, will not be accepted.**
- e. **Applications will not be considered complete until all required filing data and information has been received.**
- f. All portions of applications can be submitted by hard copy, fax or email.
- g. **Illegible and/or incomplete applications will be returned without processing. Tow companies may be removed from the non-preference tow rotation list upon expiration of their letter of appointment and until a complete tow application is processed and on file with the Oregon State Police. This removal will not be subject to a hearing request and this temporary removal shall remain in effect until a new application has been processed and is on file.**
- h. To list additional drivers, company owners, employees and vehicles please use the additional insert pages at the end of this application. You may copy these pages to facilitate the need of your company in filing this application.
- i. To add and/or remove a driver and/or vehicle from company records filed with the Oregon State Police, please use the form provided with this application packet.
- j. **RETURN APPLICATION BY THE DATE AT THE TOP OF THIS PAGE. Scan and email to OSPTOW@osp.oregon.gov (attachments limited to 20 MB maximum) - or - Fax to (503) 391-5910 – or - Mail application to: Oregon State Police, Patrol Services Division, Tow Program, 3565 Trelstad Ave. S.E., Salem, Oregon 97317-9614**

OREGON STATE POLICE
APPLICATION FOR LETTER OF APPOINTMENT
NON-PREFERENCE TOW LIST

PLEASE TYPE OR PRINT NEATLY.

OSP APPOINTMENT # _____

Company Name:		Business Phone #:	
		Dispatch Phone #:	
State of Oregon Business Registry Number:		Business Email:	
Storage Lot Address:			
City:	Zip:	County:	
Business Office Address:			
City:	Zip:	County:	
Business Mailing Address:			
City:	Zip:	County:	

LIST ALL **OWNER(S)** OF THE TOW COMPANY MAKING THIS APPLICATION OR IF A CORPORATION, THE NAME(S) AND ADDRESS(ES) OF THE **PRINCIPAL OWNER(S)** or **MANAGER(S) OF OPERATIONS**. IF ADDITIONAL SPACE IS NEEDED PLEASE USE A SEPARATE PIECE OF PAPER AND INDICATE ON THIS APPLICATION FORM THAT ADDITIONAL NAMES HAVE BEEN LISTED ON ANOTHER SHEET OF PAPER AND ARE ATTACHED TO THIS APPLICATION.

Name:		Date of Birth:	Street:		Driver's License #:
City:	State:	Zip:	Phone:	Owner: <input type="checkbox"/> Principal: <input type="checkbox"/> Mgr. of Daily Ops: <input type="checkbox"/>	FOR OSP USE ONLY CCH CHECK
Name:		Date of Birth:	Street:		Driver's License #:
City:	State:	Zip:	Phone:	Owner: <input type="checkbox"/> Principal: <input type="checkbox"/> Mgr. of Daily Ops: <input type="checkbox"/>	FOR OSP USE ONLY CCH CHECK
Name:		Date of Birth:	Street:		Driver's License #:
City:	State:	Zip:	Phone:	Owner: <input type="checkbox"/> Principal: <input type="checkbox"/> Mgr. of Daily Ops: <input type="checkbox"/>	FOR OSP USE ONLY CCH CHECK
Name:		Date of Birth:	Street:		Driver's License #:
City:	State:	Zip:	Phone:	Owner: <input type="checkbox"/> Principal: <input type="checkbox"/> Mgr. of Daily Ops: <input type="checkbox"/>	FOR OSP USE ONLY CCH CHECK

CHECK HERE IF ADDITIONAL OWNERS ARE LISTED ON SEPARATE PIECE OF PAPER _____

OREGON STATE POLICE
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INSURANCE DECLARATION

LIABILITY INSURANCE – FOR BODILY INJURY OR PROPERTY DAMAGE PER OCCURRENCE AMOUNT:

INSURANCE COMPANY – MINIMUM \$ 1,000,000 AMOUNT \$ _____

INSURANCE COMPANY:	ADDRESS:	TELEPHONE #:
AGENT:	ADDRESS:	TELEPHONE #:
POLICY NUMBER:		
POLICY EXPIRATION DATE:		

GARAGE KEEPERS – LEGAL LIABILITY (FOR CARE, CUSTODY AND CONTROL) PER OCCURRENCE.

MINIMUM	YOUR COVERAGE
CLASS A \$100,000.00	CLASS A \$ _____ .00
CLASS B \$200,000.00	CLASS B \$ _____ .00
CLASS C \$250,000.00	CLASS C \$ _____ .00
CLASS D-A \$100,000.00	CLASS D-A \$ _____ .00
CLASS D-B \$150,000.00	CLASS D-B \$ _____ .00
CLASS D-C \$250,000.00	CLASS D-C \$ _____ .00

INSURANCE COMPANY:	ADDRESS:	TELEPHONE #:
AGENT:	ADDRESS:	TELEPHONE #:
POLICY NUMBER:		
POLICY EXPIRATION DATE:		

CARGO INSURANCE AMOUNT \$ _____

INSURANCE COMPANY:	ADDRESS:	TELEPHONE #:
AGENT:	ADDRESS:	TELEPHONE #:
POLICY NUMBER:		
POLICY EXPIRATION DATE:		

Copy of Insurance Contract Showing Coverage: Attached _____ To be mailed by Insurance Co. _____

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TOWING AND VEHICLE STORAGE BUSINESSES YOU HAVE PREVIOUSLY OR ARE PRESENTLY ASSOCIATED WITH OR HAVE A FINANCIAL INTEREST IN: (Minimum 3 years' experience required)

Business Name:			Street:		
City:	State:	Zip:	Dates:		
Business Name:			Street:		
City:	State:	Zip:	Dates:		
Business Name:			Street:		
City:	State:	Zip:	Dates:		
Business Name:			Street:		
City:	State:	Zip:	Dates:		

Not Applicable

TOW VEHICLES FOR THIS BUSINESS LOCATION ONLY – Use additional page(s), if necessary.

	MAKE	YEAR	TW PLATE #	PUC # / VIN #	STATE	CLASS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Check here if additional pages are used to list vehicles _____

OREGON STATE POLICE
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NON-PREFERENCE TOW LIST

TOW TRUCK DRIVERS EMPLOYED BY YOUR COMPANY AT THIS LOCATION:

(Use additional pages if necessary)

(Current Drivers Residence Address Must Be Listed – Do Not Use Business Address)

Name – Last, First Middle		Drivers License Number	License State	License Class
Street Address		City	State	Zip
Date of Birth		FOR OSP USE ONLY CCH CHECK		

Name – Last, First Middle		Drivers License Number	License State	License Class
Street Address		City	State	Zip
Date of Birth		FOR OSP USE ONLY CCH CHECK		

Name – Last, First Middle		Drivers License Number	License State	License Class
Street Address		City	State	Zip
Date of Birth		FOR OSP USE ONLY CCH CHECK		

Name – Last, First Middle		Drivers License Number	License State	License Class
Street Address		City	State	Zip
Date of Birth		FOR OSP USE ONLY CCH CHECK		

Name – Last, First Middle		Drivers License Number	License State	License Class
Street Address		City	State	Zip
Date of Birth		FOR OSP USE ONLY CCH CHECK		

Check here if additional pages are used to list drivers. _____

OREGON STATE POLICE
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OTHER COMPANY EMPLOYEES – INCLUDES **CLERICAL, OFFICE, YARD / LOT EMPLOYEES.**

These Employees will not be subjected to Oregon CCH checks and cannot participate as a driver for OSP Non-Preference tow program

(Use additional pages if necessary)
(Current Employee Address Must Be Listed)

Name – Last, First Middle	Drivers License Number	License State	Type of work done by employee
Street Address	City	State	Zip
Date of Birth			

Name – Last, First Middle	Drivers License Number	License State	Type of work done by employee
Street Address	City	State	Zip
Date of Birth			

Name – Last, First Middle	Drivers License Number	License State	Type of work done by employee
Street Address	City	State	Zip
Date of Birth			

Name – Last, First Middle	Drivers License Number	License State	Type of work done by employee
Street Address	City	State	Zip
Date of Birth			

Name – Last, First Middle	Drivers License Number	License State	Type of work done by employee
Street Address	City	State	Zip
Date of Birth			

Check here if additional pages are used to list employees. _____

OREGON STATE POLICE
APPLICATION FOR LETTER OF APPOINTMENT
NON-PREFERENCE TOW LIST

VEHICLE EQUIPMENT
INSPECTION FORM

CLASS A TOW TRUCKS AND CLASS D-A TOW TRUCKS

Enter Each License Number As Listed On Page 4 Of This Document. (If Additional Pages Are Needed – Please Use Insert Pages Found At The End Of This Document.)	TW	TW	TW	TW	TW
TOW TRUCK CLASSIFICATION – PLEASE INDICATE CLASS A, B, C, DA, DB, DC					
EACH TOW TRUCK MUST HAVE THE FOLLOWING EQUIPMENT: (Mark YES Or NO for each truck Listed.)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
This Truck is a Recovery Vehicle as Defined					
Mounted Lights					
FCC Two-way Radio or Cellular Phone					
Cables					
Revolving Lights (Red and/or Amber)					
Shovel and Broom					
40 BC Fire Extinguisher or Equivalent					
One Snatch Block for Every Tow-line					
One Portable Dolly or Equivalent					
One Pinch Bar For Class A & DA Two Pinch Bars For Class B, C, D-B, D-C					
Warning Signs – Minimum of 2 (Minimum Size 36" X 36")					

ADDITIONALLY, CLASS "A" TOW TRUCKS MUST HAVE THE FOLLOWING:					
14,500 Pounds Minimum Manufacturer GVWR					
Dual Tires on Rear Axle					
8 Ton Minimum Dual or Single Boom Rating					
Minimum of 100 Feet of 3/8 Inch Wire Rope					

ADDITIONALLY, CLASS "D-A" ROLLBED TOW TRUCKS MUST HAVE THE FOLLOWING:					
14,500 Pounds Minimum Manufacturer GVWR					
Dual Tires on the Rear Axle					
Minimum 50 Feet of 3/8 Inch Wire Rope					
May Include a Wheel Lift					

EXPLAIN ANY ITEMS MARKED "NO" _____

OREGON STATE POLICE
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VEHICLE EQUIPMENT
INSPECTION FORM

CLASS B TOW TRUCKS AND CLASS D-B TOW TRUCKS

Enter Each License Number As Listed On Page 4 Of This Document. (If Additional Pages Are Needed – Please Use Insert Pages Found At The End Of This Document.)	TW	TW	TW	TW	TW
TOW TRUCK CLASSIFICATION – PLEASE INDICATE CLASS B OR D-B					
EACH TOW TRUCK MUST HAVE THE FOLLOWING EQUIPMENT: (Mark YES Or NO for each truck Listed.)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
This Truck is a Recovery Vehicle as Defined					
Mounted Lights					
FCC Two-way Radio or Cellular Phone					
Cables					
Revolving Lights (Red and/or Amber)					
Shovel and Broom					
40 BC Fire Extinguisher or Equivalent					
One Snatch Block for Every Tow-line					
One Portable Dolly or Equivalent					
One Pinch Bar For Class A & DA Two Pinch Bars For Class B, C, D-B, D-C					
Warning Signs – Minimum of 2 (Minimum Size 36" X 36")					

ADDITIONALLY, CLASS "B" TOW TRUCKS MUST HAVE THE FOLLOWING:					
22,000 Pounds Minimum Manufacturer GVWR					
Dual Tires on Rear Axle					
10 Ton Minimum Dual or Single Boom Rating					
Minimum of 150 Feet of 7/16 Inch Wire Rope					

ADDITIONALLY, CLASS "D-B" ROLLBED TOW TRUCKS MUST HAVE THE FOLLOWING:					
22,000 Pounds Minimum Manufacturer GVWR					
Dual Tires on the Rear Axle					
Minimum 75 Feet of 3/8 Inch Wire Rope					
May Include a Wheel Lift					

EXPLAIN ANY ITEMS MARKED "NO" _____

OREGON STATE POLICE
APPLICATION FOR LETTER OF APPOINTMENT
NON-PREFERENCE TOW LIST

VEHICLE EQUIPMENT
INSPECTION FORM

CLASS "C" TOW TRUCKS AND CLASS "D-C" TOW TRUCKS

Enter Each License Number As Listed On Page 4 Of This Document. (If Additional Pages Are Needed – Please Use Insert Pages Found At The End Of This Document.)	TW Plate #	TW Plate #	TW Plate #	TW Plate #	TW Plate #
TOW TRUCK CLASSIFICATION – PLEASE INDICATE CLASS "C" OR "D-C" FOR EACH					
EACH TOW TRUCK MUST HAVE THE FOLLOWING EQUIPMENT: (Mark YES Or NO for each truck Listed.)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
This Truck is a Recovery Vehicle as Defined					
Mounted Lights					
FCC Two-way Radio or Cellular Phone					
Cables					
Revolving Lights (Red and/or Amber)					
Shovel and Broom					
40 BC Fire Extinguisher or Equivalent					
One Snatch Block for Every Tow-line					
One Portable Dolly or Equivalent					
One Pinch Bar For Class A & DA					
Two Pinch Bars For Class B, C, D-B, D-C					
Warning Signs – Minimum of 2 (Minimum Size 36" X 36")					

ADDITIONALLY, CLASS "C" TOW TRUCKS MUST HAVE THE FOLLOWING:					
33,000 Pounds Minimum Manufacturer GVWR					
Tandem Rear Axle Truck Chassis with Dual Tires – (Three Axle Truck)					
25 Ton Minimum Dual or Single Boom Rating					
Minimum of 150 Feet of 5/8 Inch Wire Rope					
Capable of Supplying air to Towed Vehicle					

ADDITIONALLY, CLASS "D-C" ROLLBED TOW TRUCKS MUST HAVE THE FOLLOWING:					
33,000 Pounds Minimum Manufacturer GVWR					
Tandem Rear Axle Truck Chassis with Dual Tires – (Three Axle Truck)					
Minimum 100 Feet of 5/8 Inch Wire Rope					
May Include a Wheel Lift					

EXPLAIN ANY ITEMS MARKED "NO" _____

Oregon State Police

APPLICATION FOR LETTER OF APPOINTMENT
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BUSINESS INSPECTION FORM

COMPLIANCE (MARK "YES" OR "NO" BOX FOR EACH ITEM.)	YES	NO
Business telephone at location with both business (location) phone number and dispatch phone number clearly visible to the public.		
Person available 24 hours for the release of vehicles.		
24 hour dispatch service 365 days a year		
Two-way radio or cellular phone service between tow vehicles, dispatch and business location.		
Business location and responding tow trucks can maintain a reasonable and acceptable response time within geographical area of tow zone.		
All Invoices for Non-preference OSP tows are kept on file at business location for 3 years.		
All voided invoices for Non-preference OSP tows are kept on file at business location for 3 years.		
All invoices for OSP abandoned vehicle tows are kept on file at business location for 3 years.		
OSP release forms for impounded vehicles (i.e. DWS, DUUI, No Ins., etc.) are kept on file at business location for 3 years with related towed vehicle invoices.		
Receipts for Impounded or confiscated vehicles are kept on file at business location for 3 years.		
Original copy of appointment letter is posted/available at this business location, Original copy of appointment letter will be kept at this business location. Past three years of appointment letters are on file at this location.		
All tow trucks for this business location are properly licensed		
All tow truck drivers/operators are properly licensed		
All trucks display the company name, city, and business location telephone number. (All lettering is a minimum of 2 inches in height and 1/2 inch wide stroke contrasting to truck colors.)		
Storage yard/business facility are properly zoned within the city and/or county.		
Storage yard/business facility are in the OSP Zone for which you are requesting appointment.		
You and your employees have sole access and use of your storage yard. (Storage areas are not shared between/with any other business or person and is under the exclusive control of this tow company and its employees.		
Your storage yard is fenced per administrative rule and locked to protect against unauthorized entry.		
Price list filed with the Oregon State Police is posted and available to the general public.		
Your company is operating under a current city and/or county business license where required and the business location and storage facility are appropriately zoned for their operation within the city and/or county.		

Explain any item marked "NO" _____

To avoid delay in the processing of this application, please ensure that all requested information is marked and/or supplied.

Please indicate the total number of application pages submitted for this letter of appointment. _____ pages.

Please list any additional documents submitted with this application and number of pages.

* * * * *

I, being first duly sworn, on oath depose and say, that I'm the owner and/or agent acting on behalf of the Owner of the aforementioned applicant tow company and have prepared the attached Oregon State Police non-preference application for a letter of appointment. I swear all of the information provided in this application is true and accurate, and the applicant tow company conforms to all of the minimum application requirements as outlined in Oregon Administrative Rules 257-050-0020 to 257-050-0200 and this application.

Signature

Date

Name (Please Print)

Date Of Birth

Home Address: _____

City, State and Zip Code: _____

**Oregon State Police
Non-Preference Tow List**

**24 HOUR TOWING SERVICE
PRICE LIST**

Company Name: _____

Date: _____

SERVICES	Class A	Class B	Class C	Class D-A	Class D-B	Class D-C
Towing Minimum						
Flat Rate						
Mileage One-Way						
Dolly						
Standby Time						
2 nd Person						
Outside Storage						
Inside Storage						
Dispatch Fee						
Labor at Scene						
Roll Over						
Special Recovery or Winching						
Remove Drive Line						
Re-Tow Fee						
Gate Fee After hours						
Hookup Fee						
Flares						
Upright Vehicle						
Other Miscellaneous						