



OLDHAM COUNTY POLICE DEPARTMENT

TOWING COMPANY APPLICATION



Company Name: _____

Business Hours: 24/7 Other: _____

Address: _____

Phone # Business: _____

Phone # Cell: _____

1. Name of Owner: _____

2. Insurance Co. / Agent: _____

Policy # and Phone #: _____ Amount of Coverage: _____

3. Vehicle Information: (Complete a separate form for each wrecker)

Year/Make/Model: _____ Registration Plate: _____ State: _____

VIN: _____ Exp. Date: _____

Ky. Motor Fuel User's License #: _____ Rollback? Yes No

4. Capacity & Storage:

Automobile/Pickups Only: Yes No Trucks/Buses to 8 Tons: Yes No Over 8 Tons: Yes No

Hazardous Materials Vehicles: Yes No

Inside Storage: Yes No Outside(Fenced): Yes No Outside(Not Fenced): Yes No

5. Wrecker Operators: (Attach additional sheets, if necessary)

Name	Address	OL/CDL #	TIM Trg
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I acknowledge that there exists no contractual relationship, express or implied, between my towing company and Oldham County Fiscal Court (OCFC), and that any violation of the law or instance of unsatisfactory performance may result in the removal of my towing company from the wrecker rotation list. **I understand that my placement on the Wrecker Rotation List in no way establishes or creates any property rights and that my towing company can be suspended or revoked as outlined in the Wrecker Rotation Ordinance . I understand that placement on the Wrecker Rotation List does not guarantee an equitable share of calls for service and police reserve the discretion to deviate from the rotation list under exigent circumstances.**

I further understand that should any information required by ordinance listed on this form change, including but not limited to the Operator Information in Section 5, I will immediately complete a revised OCP 142 with the updated information and forward it to the Oldham County Police Department. Failure to maintain a current OCP 142 on file, or charging a wrecker service fee in excess of that approved by Oldham County Fiscal Court, may result in removal of my towing company from the Wrecker Rotation List.

As a condition of placement on the Wrecker Rotation List, I hereby grant consent to the Oldham County Police and any officer thereof to enter upon my business premises to audit or inspect; any vehicles which I have towed or stored at the request of police, any wreckers used to respond to incident management tows, any business records relating to incident management tows, or to any wreckers used for said tows. It is expressly understood that this audit or inspection may be done at any reasonable time upon request, and that refusal to permit an audit or inspection, or failure to meet standards described by ordinance, may result in the removal of my towing company from the Wrecker Rotation List.

I agree to release and hold harmless the Oldham County Fiscal Court and any agent, officer, or employee thereof from any liability or claim for damages arising out of the operation of any wrecker owned, leased, operated, or under my supervision, or by reason of any act or omission by myself or any agent or employee under my direction or employment.

I acknowledge that I, and any agent or employee under my direction or employment involved with incident management tows, have reviewed the requirements set forth in the Wrecker Rotation Ordinance, and will abide by these requirements while my towing company is listed on the wrecker rotation list.

Owner/Manager (Print Name)

Owner/Manager (Signature)

Date

TOWING COMPANIES NOT ENGAGED IN INTERSTATE COMMERCE

I certify that my wrecker(s) has not and will not, without first coming into full compliance with the federal Motor Carrier Safety Act, engage in interstate commerce, that is, in any trade, traffic or transportation between any place in Kentucky and any place outside Kentucky, or between any two places in Kentucky by going through another state. I understand that "interstate commerce" includes the transportation of goods either originating in transit from beyond the state or ultimately bound for destination beyond the state, even though the route of a particular carrier may be wholly within one state.

Owner

Commonwealth of Kentucky: County of: _____

Subscribed and sworn to before me by: _____

This the _____ day of _____ 20__

Notary Public

My commission expires _____ / _____ / _____

TOWING COMPANIES ENGAGED IN INTERSTATE COMMERCE

1. US DOT NUMBER _____

2. SAFETY RATING COMPLIANCE LETTER: Yes No
Date Inspected: _____ / _____ / _____ Satisfactory _____ Conditional _____

3. COPY OF FEDERAL FORM MCS-90 (ATTACH): Yes No
(Proof of mandated level of insurance protection)

4. COPY OF THE CERTIFICATE OF INSURANCE: Yes No

Name of Insurance Company: _____

Address: _____

Agent Name: _____ Phone: _____

Address: _____

Liability Minimum - \$1,000,000: Yes No

Liability Minimum Towing Hazardous Materials - \$5 Million: Yes No

Inspected by: _____ Unit #: _____ Date _____ / _____ / _____

Approved by: _____ Date _____ / _____ / _____