



STATE OF OKLAHOMA  
DEPARTMENT OF PUBLIC SAFETY  
WRECKER SERVICES DIVISION

## ADD OR REMOVE WRECKER SERVICE EMPLOYEE

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 Employee

Remove Employee

Date of Hire		Date of Separation			
<b>WRECKER COMPANY INFORMATION</b>					
Name of Company				DPS #	
Company Address			City	ST	Zip
<b>EMPLOYEE INFORMATION</b>					
Last Name		First Name		M.I.	Date of Birth
Driver License Number			Class	State of Issuance	Expiration Date
<i>If this form is submitted to REMOVE an employee, stop here. Sign the form and submit it to the address provided.</i>					
<b>EMPLOYEE HISTORY INFORMATION</b>					
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No   If No, provide at least one immigration identifier/enumerator:					
Has the employee worked for another Oklahoma wrecker service?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide the following information for each previous employer:					
Company Name <i>(attach additional sheets if necessary)</i>				Dates of Employment (mm/yyyy)	Still Employed Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the employee ever been denied, revoked, or suspended from working for a wrecker service in Oklahoma or any other state?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide the following information:					
State	Reason for denial, revocation, or suspension				Year
Has the employee ever been convicted of a felony?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide the following information: <i>(attach additional sheets if necessary)</i>					
Name of Court	Case #	Year of Conviction		Federal or State Court	

I state under the penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Printed Name of Employer

**You may submit this form to the Department by:**

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

**E-mail:** [wrecker@dps.ok.gov](mailto:wrecker@dps.ok.gov)