



Department of Public Safety
WRECKER SERVICES DIVISION
Fleet Modification Form

Please complete and return to Department of Public Safety.

DPS- _____ -W Wrecker Owner's Signature: _____

Date: _____ Wrecker Owner's Printed Name: _____

Wrecker Service: _____

Address: _____

City, State, Zip, County _____

REMOVAL of Wrecker Vehicle (Yr, Make, VIN): _____

Return to the Department of Public Safety within ten (10) days of removal.

OAC 595:25--7 General Requirements

(c) Notify the Department by email of the make, model, GVWR, and VIN of any approved wrecker vehicle which is disposed of permanently or temporarily unavailable.

- Sold from fleet
- Leased to another wrecker service - Name: _____
- Unrepairable/burned
- Other: _____

ADDITION of Wrecker Vehicle (Yr, Make, VIN): _____

OAC 595:25-3-1 General Requirements

Notify the Department of the make, model, GVWR, and VIN of additional wrecker vehicles within three (3) business days of acquisition.

Class Wrecker Vehicle: _____ DOT#: _____ GVWR: _____

Submit:

- Valid Certificate of Insurance (WA Filing)
- Valid Registration
- Request for Inspection (Do not submit this form unless vehicle is ready to be inspected)

Submission of this form does not make the wrecker vehicle active. Once approved a Cab Card will be issued.

Please call (405) 425-2312 for any questions. Complete and return this form to:

Department of Public Safety
Wrecker Services Division
PO Box 53004
Oklahoma City, OK 73152-9998

Fax No: (405) 425-2031
E-mail wrecker@dps.ok.gov