



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 _____

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

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	Office Use	Check all that apply		
				TYPE OF VEHICLE		
				Sling	Wheel Lift	Rollback
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Other Officer's Signature

Print Name and Title

Print Name and Title

Attest: Subscribed and sworn to before me this
_____ day of _____ 20____

Attest: Subscribed and sworn to before me this
_____ day of _____ 20____

Notary Public Signature

Notary Public Signature



Commission expires

Commission number

Commission expires

Commission number



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 _____