



Hartsville Police Department Wrecker Rotation Application

(APPLICATION MUST BE COMPLETED AND SUBMITTED NO LATER THAN OCTOBER 1ST)

Business Name	Primary Owners Name	Driver's License Number
Business/Dispatch Number	Manager/Operator/Supervisor	E-mail Address

Physical Address of Business					
Street Address					
City		State		Zip Code	
Mailing Address (IF DIFFERENT)					
Street Address					
City		State		Zip Code	

Driver's Name	Driver's License Number	State	Class

Make	Model	VIN	Tag	Class

Insurance Company	Agent's Name	Phone Number		
Insurance Coverage	Policy Number	Effective Dates	Limits	
Liability				
Cargo				
Garage Keeper's				

Certification

I hereby certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that providing false or misleading information may result in denial of this application and/or removal from the Hartsville Police Department Wrecker Rotation List. I further certify that all listed personnel are qualified and fit for service, and I agree to promptly notify the Hartsville Police Department of any changes in personnel, equipment, or business operations that may affect this application. By signing below, I affirm that I am authorized to submit this application on behalf of the business listed.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____