

**Metro Transportation Licensing Commission**  
**Application to Operate an**  
**Emergency Wrecker Service**

The making of any false statement in this application may subject the offender to the penalty prescribed by the law. Detection of such false statements may result in the refusal of certificate or, if previously granted, in revocation of the certificate.

The applicant must properly and legibly complete the following application and all questions must be answered and attested to by the applicant.

*I (we) hereby make application to operate an emergency wrecker service in Metropolitan Nashville-Davidson County.*

1. Name of Wrecker Company \_\_\_\_\_
2. Address \_\_\_\_\_
3. Telephone \_\_\_\_\_ Fax \_\_\_\_\_
4. E-Mail \_\_\_\_\_ Web site www. \_\_\_\_\_
5. Type of Company (e.g. solely-owned, partnership, corporation) \_\_\_\_\_
6. List Name(s) and Address(es) of all Owners or Partners (provide proof of citizenship or residency authorization by the United States Immigration and Naturalization Service)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. List Name(s) and duties of executive officer(s) of the company.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe the experience of the applicants have with respect to wrecker/towing service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Attach a description of wrecker to include make, model, year of manufacture, Tennessee license number, motor and chassis number and length of time the wrecker has been in-use. Also include any color schemes to be utilized by the company.
10. List the location and description of the place and premises from which the applicant intends to operate the wrecker service as well as the available space where vehicles will be towed, properly accommodated, and protected.  
\_\_\_\_\_  
\_\_\_\_\_
11. List the name, address and telephone of two references for the applicant's financial abilities, as required by the Metro Code of Laws  
\_\_\_\_\_  
\_\_\_\_\_

12. Attach a list of all employees to be used or employed by the company including ages, addresses and telephone numbers.
13. Attach evidence of an authorized insurance company indicating adequate liability insurance held by the applicant equaling the amount required by the state of Tennessee. Metropolitan Government must be named as an additional insured.
14. Is this company registered with the State of Tennessee Yes No If not, why? \_\_\_\_\_
15. Are you familiar with Metro and Tennessee laws regarding non-consent towing? Yes No
16. Will this company follow the equal employment laws and comply with applicable wage and hour regulations as well as the ADA Act? Yes No
17. Will this company comply with all ordinances, rules and regulations as set forth by Metropolitan government, the state of Tennessee and the United States including local rules regarding 24 hour operation, mandatory rates, charges and fees? Yes No
18. Will each vehicle be equipped with two way communications which will allow communications between dispatch and other wreckers? Yes No  
Will communications be 24 hours/day? Yes No
19. Will you be a member in good standing of a central, non-government call service which shall be maintained and equipped at all times to handle emergency calls by a direct line of communications from the police department? Yes No

I, \_\_\_\_\_, do solemnly swear (or affirm) that the information filed as a part of this application is true and correct to the best of my knowledge and belief. I also confirm that I am of good moral character and am ready, willing and able to comply with all laws of Metropolitan Government, the State of Tennessee, the United States as well as the rules and regulations the Commission including all mandatory rates and charges regarding non-consent towing.

\_\_\_\_\_  
Signature of Applicant

**A non-refundable fee of \$500 must accompany this application at the time of filing**

**County of Davidson  
State of Tennessee**

Sworn to me and subscribed  
Before me, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission expires

**Metropolitan Transportation Licensing Commission  
939 Dr. Richard G. Adams Dr.  
Nashville, TN 37207-4737**

**Date received:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Fee:** \_\_\_\_\_