

Metro Transportation Licensing Commission
Application to Operate an
General 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 a general wrecker service in Metropolitan Nashville-Davidson County. **NOTE:** If you are requesting approval to perform nonconsent towing services, you must complete an Application to Operate a General Wrecker Service And to Perform Nonconsent Towing*

1. Name of Wrecker Company _____
2. Address _____
3. Mailing Address, if different _____
4. Telephone _____ Fax _____
5. E-Mail _____ Web site www. _____
6. Type of Company (e.g. solely-owned, partnership, corporation) _____
7. 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)

8. List Name(s) and duties of executive officer(s) of the company.

9. Describe the experience of the applicants with respect to wrecker/towing services _____

10. Describe the wreckers/equipment including make, model, year of manufacture, Tennessee license number, motor and chassis number and the length of time the wrecker has been in-use. Also include any color schemes to be utilized by the company

11. 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 _____

12. List the name, address and telephone of two references for the applicant's financial responsibility

- 13. Attach a list of all employees to be used or employed by the company including ages, addresses and telephone numbers
- 14. Attach evidence from 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.
- 15. Is this company registered with the State of Tennessee Yes No If not, why? _____
- 16. Are you familiar with Metro and Tennessee laws regarding non-consent towing? 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 \$100 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

Return To:

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

Date received: _____ By: _____ Fee: _____