

SHIAWASSEE COUNTY SHERIFF'S OFFICE (SCSO)

WRECKER ROTATION APPLICATION

Application should be completed and submitted no later than October 1st

APPLICANT INFORMATION

Name of Company: _____ Owner's Name: _____
Business Phone: _____ Cell Phone: _____ Fax Number: _____
Business Address: _____ County: _____ Zone: _____
City: _____ State: _____ Zip Code: _____
Impound Lot Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ CVED#: _____
Business registered with the State of Michigan? YES NO Registered/certified auto repair facility? YES NO
Wrecker Class: A B C (check all that apply) Total number of wreckers: _____ Credit cards accepted? YES NO

DRIVER INFORMATION

Number of Drivers: _____ *SCSO must be notified within 10 days of all new hires and separations from employment.*
Driver's Name: _____ Driver's License: _____ State: _____ Class: _____
Driver's Name: _____ Driver's License: _____ State: _____ Class: _____
Please list additional drivers on page 2. Application must include medical examiner's certificate for all CDL drivers.

INSURANCE COVERAGE INFORMATION

Include Certificate of Insurance with this application. SCSO MUST BE NOTIFIED OF ANY CHANGE OR LOSS OF COVERAGE

Insurance Company: _____ Agent's Name: _____
Address: _____ Phone: _____

LIABILITY INSURANCE COVERAGE

Policy #: _____ Effective Dates: _____ to _____ Limits: \$ _____

CARGO INSURANCE COVERAGE

Policy #: _____ Effective Dates: _____ to _____ Limits: \$ _____

GARAGE KEEPERS INSURANCE COVERAGE

Policy #: _____ Effective Dates: _____ to _____ Limits: \$ _____

IDENTIFY WRECKERS THAT WILL BE USED ON ROTATION

Make: _____ Model: _____ VIN: _____ Tag: _____ Class: A B C
Make: _____ Model: _____ VIN: _____ Tag: _____ Class: A B C

Wreckers must be used and marked for this company only. All wreckers must display CVED#. Please list additional wreckers on page 2.

PROPOSED WRECKER FEES

Class A Standard Towing	\$ _____	Flat Fee	Mileage* \$ _____	Per Mile	Storage \$ _____	Per Day
Class B Standard Towing	\$ _____	Flat Fee	Mileage* \$ _____	Per Mile	Storage \$ _____	Per Day
Class C Standard Towing	\$ _____	Flat Fee	Mileage* \$ _____	Per Mile	Storage \$ _____	Per Day
Regular Towing	\$ _____	Flat Fee	Mileage* \$ _____	Per Mile	Storage \$ _____	Per Day
Impound Towing	\$ _____	Flat Fee	Mileage* \$ _____	Per Mile	Storage \$ _____	Per Day
Accident Towing	\$ _____	Flat Fee	Mileage* \$ _____	Per Mile	Storage \$ _____	Per Day
Abandoned Towing	\$ _____	Flat Fee	Mileage* \$ _____	Per Mile	Storage \$ _____	Per Day

*Mileage (Specify Terms Here): _____
Labor: \$ _____ Clean Up Rate: \$ _____ Off Road Recovery Fee: \$ _____ Indoor Storage Fee: \$ _____

A wrecker service may recover the actual cost of rented/subcontracted equipment or labor necessary to accomplish the job. Proof of these actual costs in the form of an itemized invoice or receipt from each third party providing such equipment or labor must accompany the tow bill.

SHIAWASSEE COUNTY SHERIFF'S OFFICE (SCSO)

WRECKER ROTATION APPLICATION

Application should be completed and submitted no later than October 1st

WRECKER FACILITY REQUIREMENTS

Gated and Fenced Facility: YES NO Security Cameras: YES NO Commercially Zoned: YES NO
Indoor Storage Available: YES NO On-Site Attendant Available M-F 8a-5p YES NO

ADDITIONAL DRIVERS

Driver's Name: _____ Driver's License: _____ State: _____ Class: _____
Driver's Name: _____ Driver's License: _____ State: _____ Class: _____
Driver's Name: _____ Driver's License: _____ State: _____ Class: _____
Driver's Name: _____ Driver's License: _____ State: _____ Class: _____
Driver's Name: _____ Driver's License: _____ State: _____ Class: _____

ADDITIONAL WRECKERS THAT WILL BE USED ON ROTATION

Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C
Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C
Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C
Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C
Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C
Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C
Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C
Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C
Make: _____	Model: _____	VIN: _____	Tag: _____	Class: A B C

ADDITIONAL INFORMATION RELATED TO PROPOSED WRECKER FEES (OPTIONAL)

Class A

Class B

Class C

COMMENTS

Signature of Applicant: _____ Print Name: _____ Date: _____