



Tow Company Application

COMPANY INFORMATION:

Towing Company Name	
DBA	
Address	
Telephone Number	
Areas of Authority	
Email Address	

LIST ALL OWNER(S):

Name	
Date of Birth	
License Number	
Address	
Telephone Number	
Email Address	

Name	
Date of Birth	
License Number	
Address	
Telephone Number	
Email Address	



Tow Service Policy, Rules & Regulations

If necessary, provide additional owner's information on a separate page.

LIST ALL EMPLOYEE(S):

Name	
Date of Birth	
License Number	
Address	
Telephone Number	

Name	
Date of Birth	
License Number	
Address	
Telephone Number	

Name	
Date of Birth	
License Number	
Address	
Telephone Number	

If necessary, provide additional employee's information on a separate page.



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INSURANCE INFORMATION:

All towing companies shall have in effect, at all times, an insurance policy that meets or exceeds the minimum coverage for carriers set forth by Section 39-12-27 of the General Laws of Rhode Island, 1956, as amended. Proof of this insurance policy shall be in the form of a certificate of insurance, and a copy shall be provided to the Officer in Charge (OIC) of the Vehicle Recovery Unit. It is the tow company's responsibility to notify the OIC should the policy lapse or be canceled. Please provide the following information.

Name of Carrier	
Amount of Coverage	
Scope of Coverage	

TOWING HISTORY:

For the past three (3) years, list all government agencies or businesses that you have provided and are currently providing tow services. Please provide a point of contact and phone number for each agency or business.

Name of Agency or Business and Address	Point of Contact and Phone Number
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	



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AFFIDAVIT

I, _____, as the undersigned, owner of _____, hereby provide this information to the City of Providence Department of Public Safety. I understand that if I knowingly provide false information, it will result in my disqualification from the City's towing list.

By: _____
[Applicant]

Date: _____