

“Exhibit A”

This form is to be filed with the Sheriff of Jefferson County, Texas. By applying to participate on the voluntary tow service company rotation list, the tow service company agrees to the attached guidelines and understands that a violation of any of the guidelines or laws, subjects the tow service company to removal or suspension from the rotation list.

DATE OF APPLICATION: _____/_____/_____

TOW SERVICE COMPANY INFORMATION:

Name of Tow Service Company: _____

Business Address(es) of Tow Service Company: _____

Office Phone Number: _____ Fax: _____

24 Hour Contact Number: _____

Other Contact Number: _____

Email Address: _____ TDIR Carrier Number: _____

TYPE OF OWNERSHIP: *(circle one)* Corporate Partnership Individual
(If owned by corporation or partnership, attach an additional page hereto to include, names, addresses, telephone numbers, and email addresses of all corporate officers and partners)

STORAGE FACILITY OWNERSHIP
(All applicants/participants must attach a copy of such vehicle storage facility license and a copy of liability insurance for each tow truck in use)

VEHICLE STORAGE FACILITY INFORMATION

Name of Storage Facility: _____

Physically Address of Facility
City, State and Zip Code: _____

Vehicle Storage Facility Number: _____

Facility Telephone Number: _____

After Hours Facility Telephone Number: _____

Affirmation Of Participation

I shall participate on the County of Jefferson, Texas Tow Service Company Voluntary Rotation List pursuant to the terms and provisions of this application and guidelines adopted by the Jefferson County Commissioner's Court. I understand that three (3) violations of the terms and conditions of the guidelines set forth in the Rotation Policy will result in removal from the Rotation List. Once removed, I may not apply for reinstatement for a period of thirty (30) days.

I understand that providing false or misleading information on this application, or previous suspensions, violations, and removals from said list, or citizen complaints, may result in the denial of this tow service company application for participation.

Once approved, I agree to provide the Sheriff or his designee with any changes or additions within 10 business days of change from any previous application.

Applicant's Signature: _____ Company/Individual Position Title: _____

Printed Name: _____ Date: _____ / _____ / _____

Attached to this Application are the following: *(Initial each when attached)*

_____ Completed owner information sheet for each owner or partner of service

_____ Copy of current registration for each truck

_____ Copy of current liability insurance for each truck

_____ Copy of Vehicle Storage Facility License

Sheriff's Office Verification: _____ Date: _____ / _____ / _____