



Department of Public Safety  
WRECKER SERVICES DIVISION  
Original Application for Wrecker/Towing Service License

DPS- \_\_\_\_\_ -W      Class \_\_\_\_\_ (AA or G)      Day Phone (\_\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_

DBA \_\_\_\_\_ Night Phone (\_\_\_\_\_) \_\_\_\_\_

Name of person to contact \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Email address (To notify wrecker service of changes, will not be shared) \_\_\_\_\_

Storage Facility       Own       Lease

Outdoor Storage physical address \_\_\_\_\_

Indoor Storage physical address \_\_\_\_\_

Additional Storage \_\_\_\_\_       Indoor       Outdoor

**OWNERSHIP INFORMATION (PARTNERSHIPS MUST HAVE TWO SIGNATURES ON THE BACK)**

List the legal name of the owner, owners or corporate officers, as well as any nicknames or aliases. Use additional sheet if necessary.

Is this a(n), **check one:**  Individual Ownership  Partnership  Corporation Federal ID# \_\_\_\_\_  LLC

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

Title \_\_\_\_\_ (Owner, Partner, President, Vice President, etc.)

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_



Description of all wreckers to be licensed. Use additional sheet if necessary.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	Office Use	Check all that apply		
				TYPE OF VEHICLE		
				Sling	Wheel Lift	Rollback
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to 47 O.S. 2-112, the Department shall examine and determine the genuineness, regularity and legality of every application, driver license and any other application lawfully made to the Department, and may in all cases make investigation as may be deemed necessary or require additional information, and shall reject any such application if not satisfied of the genuineness, regularity or legality thereof or the truth of any statement contained therein, or for any other reason, when authorized by law.

Pursuant to 47 O.S. Section 951 et seq. and the rules of the Department of Public Safety pertaining hereto, the undersigned applies for a license to operate a Wrecker/Towing Service in the State of Oklahoma.

AFFIDAVIT

Under Oath, I affirm that I have examined all Department rules pertaining hereto and in good faith shall endeavor to abide by all applicable laws and rules governing the Wrecker and Towing Service for which this application is made; I affirm that the information submitted in the application is true and complete.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. **DPS-\_\_\_\_\_ -W**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Other Officer's Signature

\_\_\_\_\_  
Print Name and Title

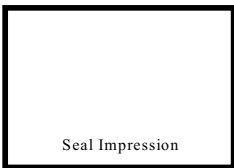
\_\_\_\_\_  
Print Name and Title

Attest: Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Attest: Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

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



\_\_\_\_\_  
Commission expires  
\_\_\_\_\_  
Commission number

\_\_\_\_\_  
Commission expires  
\_\_\_\_\_  
Commission number



**YOUR PRESENT WRECKER/TOWING SERVICE LICENSE WILL EXPIRE ON DECEMBER 31<sup>ST</sup>**

Return the completed application (signed and notarized) with the statutory fee of \$500.00 (payable by check or money order **NO CASH PLEASE**) prior to December 1st, to:

OKLAHOMA DEPARTMENT OF PUBLIC SAFETY  
WRECKER SERVICES DIVISION  
PO BOX 53004  
OKLAHOMA CITY OK 73152-9998  
For questions email wrecker@dps.ok.gov or call (405) 425-2424

Office Use Only

Check or Money Order No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date mailed \_\_\_\_\_ By \_\_\_\_\_