**City of Bryan**

**Wrecker Company**

**Nonconsent Tow Application Form**

**Applying for: Private Property Tow Rotation List**

**TDLR TOW COMPANY LICENSE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOW COMPANY NAME: \_\_\_\_\_\_**

**DBA: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Tow Company must provide: a partnership agreement, a company agreement, or articles of incorporation and a certificate setting forth names of all officers, directors, partners, and/or persons owning ten percent or more of the company, as applicable.]**

**ADDRESS: \_\_\_\_\_\_**

**24 HOUR PHONE: OFFICE #: \_\_\_\_\_\_\_\_\_ \_\_**

**OWNER(S): \_\_\_\_\_\_**

**OWNER(S) ADDRESS: \_\_\_\_\_\_**

**CONTACT PERSON: PHONE # \_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_**

**CONTACT PERSON: PHONE # \_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_**

**VEHICLE STORAGE FACILITY USED: \_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_**

**24 HOUR PHONE #: TDLR VSF #: \_\_\_\_\_\_**

**I, the undersigned, attest that each wrecker used by the vehicle tow service has been rendered for ad valorem taxation in the City and that the applicant is current on payment of those taxes.**

**I, the undersigned, attest that the above listed Tow Company agrees to defend, indemnify and save harmless the City and all its officers, agents, and employees from all suits, actions, or claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person or persons or property resulting from the above listed Tow Company’s negligent performance of the work, or by or on account of any claims or amounts recovered under the Workmen’s Compensation Law or any other law, ordinance, order or decree, and his sureties shall be held until such suit or suits, action or actions, claim or claims for injury or damages as aforesaid shall have been settled and satisfactory evidence to the effect furnished the City.**

**I, the undersigned, attest that the above listed Tow Company agrees to release, relinquish, and discharge the City, its officers, agents, and employees from all claims, demands, and causes of action of every kind and character, including the cost of defense thereof, for any injury to, sickness or death of the Tow Company or its employees and any loss of or damage to any property of the Tow Company or its employees that is caused by or alleged to be caused by, arises out of, or is in connection with the Tow Company’s negligent performance of the work. Both the City and the Tow Company expressly intend that this release shall apply regardless of whether said claims, demands, and causes of action are covered, in whole or in part, by insurance.**

**I, the undersigned, attest that the person, or people, who own, control, or operate the above listed Tow Company have not been convicted of a felony or a crime of moral turpitude in the last \_\_ five years or \_\_ ten years.**

**TOW COMPANY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name of company**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Print name of signatory Title**

**STATE OF TEXAS §**

**COUNTY OF BRAZOS §**

**Subscribed and sworn to before me the undersigned notary by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Notary**

**My commission expires:\_\_\_\_\_\_\_\_**

**[INTERNAL POLICE DEPARTMENT USE ONLY]**

**NONCONSENT TOW PERMIT FEE ($200 PER COMPANY):\_\_\_\_\_\_\_**

**FEES COLLECTED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE PERMIT ISSUED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRIVER & EMPLOYEE LIST**

|  |  |  |
| --- | --- | --- |
| EMPLOYEE INFORMATION |  |  |
| 1. Name |  |
| 1. Home Address |  |
| 1. Home Phone Number |  |
| 1. Date of Birth |  |
| 1. Driver’s License Number |  |
| 1. TDLR License Type/# |  |
| 1. Conviction: Y / N If yes, date and description: |  |
| EMPLOYEE INFORMATION |  |
| 1. Name |  |
| 1. Home Address |  |
| 1. Home Phone Number |  |
| 1. Date of Birth |  |
| 1. Driver’s License Number |  |
| 1. TDLR License Type/# |  |
| 1. Conviction: Y / N If yes, date and description: |  |
| EMPLOYEE INFORMATION |  |
| 1. Name |  |
| 1. Home Address |  |
| 1. Home Phone Number |  |
| 1. Date of Birth |  |  |
| 1. Driver’s License Number |  |  |
| 1. TDLR License Type/# |  |  |
| 1. Conviction: Y / N If yes, date and description: |  |  |
| EMPLOYEE INFORMATION |  |  |
| 1. Name |  |  |
| 1. Home Address |  |  |
| 1. Home Phone Number |  |  |
| 1. Date of Birth |  |  |
| 1. Driver’s License Number |  |  |
| 1. TDLR License Type/# |  |  |
| 1. Conviction: Y / N If yes, date and description: |  |

Add additional pages if necessary.

**EQUIPMENT LIST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MAKE** | **MODEL** | **YEAR** | **CO #** | **TDLR #** | **CAPACITY** |
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Add additional pages if necessary.

**City of Bryan**

**Wrecker Inspection Form**

**PERMIT NUMBER**

**PERMIT HOLDER NAME:**

**DBA:**

**TOW TRUCK INFORMATION:**

**YEAR: MAKE: MODEL:**

**COLOR SCHEME:**

**COMPANY TRUCK ID NUMBER:**

**LICENSE PLATE NO: VIN #:**

**REGISTRATION EXP: INSPECTION EXP:**

**TDLR #: EXPIRATION DATE:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY BRYAN POLICE DEPARTMENT PERSONNEL:** | | | | | | |
|  | | **Legible manufacturer’s data plate indicating the capacity of the boom, the winch or the carry**  **mechanism (or)** | | | | |
|  | | **A document in the truck from the manufacturer stating the capacity of the boom, the winch and the carry mechanism.** | | | | |
|  | | **Every hydraulic line must be free of leaks and in good working condition free of defects.** | | | | |
|  | | **The winch must not exceed the capacity of the boom or leak oil.** | | | | |
|  | | **The cables must be as specified by the manufacturer and be in good condition, within manufacturer guidelines.** | | | | |
|  | | **Approved emergency overhead lights** |  | | **CAB Card and Insurance in Truck** | |
| ***Items below must be printed in color that contracts w/color of background and at least 2” high. Must be permanently affixed in conspicuous places on both sides of the tow truck.*** | | | | | | |
|  | **Permit holder’s name** | | |  | | **DBA if multiple companies under same Permit holder’s name.** |
|  | **Permit holder’s publicly listed telephone number** | | |  | | **City and State where the permit holder is located** |
|  | **TDLR Permit number for the tow truck** | | |  | |  |

**Date Permit Issued: Issued by:**

**ACCESSIBILITY CRITERIA FORM**

**IN ORDER TO BE ELIGIBLE FOR A NONCONSENT TOW PERMIT, YOUR PROPERTY MUST MEET OR EXCEED THE FOLLOWING CRITERIA AS REQUIRED BY THE AMERICANS WITH DISABILITIES ACT OF 1990, AS MAY BE AMENDED.**

**1. ACCESSIBLE ENTRANCE**

At least one accessible route from the boundary of the property shall be provided from the accessible parking and public streets or sidewalks o the accessible building entrance. The accessible route shall, to the maximum extent feasible, be the same route utilized by the general public. The minimum width of the accessible route shall be 36 inches, except at doors. Doorways should have a minimum clear opening space of 32 inches with the door open 90 degrees, measured between the face of the door and the opposite step. Door hardware shall not require tight grasping, pinching, or twisting of the wrist, and shall be operable with one hand.

Ground and floor surfaces along accessible routes and in accessible rooms, including floors, walks, ramps, stairs, and curb ramps, shall be stable, firm, and slip resistant.

If a particular entrance is not accessible, appropriate signage indicating the location of the nearest accessible entrance(s) shall be installed at or near the accessible entrance, such that a person with a disability will not be required to retrace the approach route from the inaccessible entrance.

**2. ACCESS TO GOODS AND SERVICES**

If there is no accessible entrance to the building that meets the criteria notes above, the company should provide the identical services to persons with disabilities in an alternate, accessible location on-site. The alternate, accessible site should be on an accessible route (at least 36 inches wide), located under covered structure; and the alternate location should be accessible without assistance from a third party or company employee.

For the transaction of goods and services, a portion of the main counter a minimum of 36 inches in length shall be provided with a maximum height of 36 inches; or an auxiliary counter with a maximum height of 36 inches in close proximity to the main counter shall be provided.

**3. DESIGNATED ACCESSIBLE PARKING**

Depending upon the total number of parking spaces available in your lot, a minimum number must be designated accessible spaces. [Please reference chart below.] Accessible parking spaces should be at least 96 inches wide with access aisles at least 60 inches wide and be located on the shortest accessible route of travel from adjacent parking to an accessible entrance. Parking spaces and access aisles shall be level with surface slopes not exceeding 1:50 (2%) in all directions. Accessible parking spaces shall be designated as reserved by a sign showing the symbol of accessibility. Such signs shall be located so they cannot be obscured by a vehicle parked in the space. Van accessible spaces shall have access aisles that are at least 96 inches wide and shall have a “van-accessible” sign mounted below the symbol of accessibility.

**TOTAL ACCESSIBLE SPACES VAN ACCESSIBLE SPACES**

1 TO 25 1 SPACE 1 SPACE

26 TO 50 2 SPACES 1 SPACE

51 TO 75 3 SPACES 1 SPACE

76 TO 100 4 SPACES 1 SPACE

**4. ACCESSIBLE RESTROOMS**

If restrooms are provided for public use, at least one restroom shall be accessible to persons with disabilities and

provide adequate maneuvering space for a person using a wheelchair. The height of the toilet shall be 17 to 19 inches measured to the top of the toilet seat, grab bars must be provided behind the toilet at least 36 inches long and on the side wall nearest the toilet at least 42 inches long and between 33 and 36 inches high. The sink shall be mounted with the rim or counter surface no higher than 34 inches above the finish floor and shall provide a clearance of at least 29 inches above the finish floor to the bottom of the apron. Hot water and drain pipes under sinks shall be insulated, and faucets shall not require tight grasping, pinching, or twisting of the wrist to operate.

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I certify that my company meets or exceeds the criteria listed above, pursuant to the requirements of the Americans with Disabilities Act of 1990**.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of designated individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\*\*NOTE: The eligibility criteria listed above is cited in accordance with the Standards for Accessible**

**Design, Appendix D, 28 C.F.R. Part 36. A copy of the Standards for Accessible Design will**

**be provided by the City Of Bryan, upon request, for specific details regarding accessibility.**

**FILL OUT ONLY IF APPLYING TO BE ON WRECKER ROTATION LIST**

**Wrecker Information for Brazos County 9-1-1 District**

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

**Please check the following that apply to your wrecker service. Please provide proof if applicable.**

**\_\_\_\_\_\_\_\_\_\_\_\_ Have at least on rollback wrecker in service.**

**\_\_\_\_\_\_\_\_\_\_\_\_ Have a wrecker with heavy towing capability (18-wheelers, trailers, etc.)**

**\_\_\_\_\_\_\_\_\_\_\_\_ Have qualifications for AAA tows (provide proof)**

**\_\_\_\_\_\_\_\_\_\_\_\_ Have qualifications for GEICO Auto Club tows (provide proof)**

**\_\_\_\_\_\_\_\_\_\_\_\_ Have qualifications for All State Auto Club tows (provide proof)**

**\_\_\_\_\_\_\_\_\_\_\_\_ Have qualifications for Cross Country Auto Club tows (provide proof)**

**\_\_\_\_\_\_\_\_\_\_\_\_ Provide lockout service free, if child is locked in a vehicle**

**\_\_\_\_\_\_\_\_\_\_\_\_ Provide lockout service**

**\_\_\_\_\_\_\_\_\_\_\_\_ Take credit card payments**

**\_\_\_\_\_\_\_\_\_\_\_\_ Take checks as payment**

**City of Bryan**

**Wrecker Company**

**Nonconsent Tow Permit Application Checklist**

**ALL APPLICANTS MUST PROVIDE:**

* **$200.00 application fee**
* **Nonconsent Tow Application Form, completed and notarized.** 
  + **Provide copy of assumed name certificate, if applicable.**
  + **Provide copy of partnership agreement, company agreement, or articles of incorporation, as applicable.**
  + **Provide certificate setting forth names of all officers, directors, partners, managers, and/or persons owning ten (10) percent or more of the company.**
* **Completed Equipment List Form.**
* **Copies of Insurance Policies covering Tow Operation and VSF; proof of coverage of each driver listed in the application.**
* **Completion of the Driver and Employee List Form.** 
  + **Each employee should also submit an employee application.**
* **Copy of TDLR Issued Licenses for VSF and Tow Truck Company.**
* **Include a wrecker inspection sheet for each vehicle with the top portion completed.**
* **Signed Americans with DIsabilities Act Form.**

**If applying for a spot on the Rotation List, also provide:**

* **Wrecker Information Sheet for 911.**