

KYLE POLICE DEPARTMENT 111 N Front St. - Kyle, Texas 78640 - 512.268.0859

City of Kyle **Wrecker Service Rotation Application**



*Application fee must be paid at the time of submitting this application.
Wrecker Service Company (applicant):
Submitted on (date):
Received by:
Required application fee submitted?
City of Kyle Compliance Checklist Submitted?



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City of Kyle Compliance checklist

I,owner	of
I, owner (Business owners printed name)	
Acknowledge(Name of Tow Company)	is in full compliance with all applicable
City of Kyle, City Ordinances and Rules & Regulation	ons.
New Wrecker Applicant (has <u>not</u> been on	KPD wrecker radiation within the last 6 months)
Renewal Applicant (has been on KPD Wr	ecker rotation within last 6 months)
New Wrecker Ap	oplicants Only
Vehicle Storage Facility Address:	
(Planning and Zoning Department Representative)	(Date)
g g z op omene representative)	(Date)
(Building Department Representative)	(Date)
•	(=)
(City Engineer Department Representative)	(Date)
	(= 110)
Final App	proval
Wrecker Compliance Officer – Kyle PD)	(Date)
Tayle 1 D)	(Date)
Chief of Police)	(Date)
	Daviged 02/02/2015

Revised 02/02/2015

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City of Kyle Wrecker Service Rotation Application

Applicant Information						
Name of person completing application (First Name & Last Name):						
Date of Birth:	DL# or ID#:					State:
Phone 1:	Phone 2: E-mail:				Fax:	
Wrecker Service Information						
Formal Business Name:						
Other Names/Acronyms for this Business:				TDLR#	TDLR#	
Owner or Executive (if same as applicat	nt mark SAME)					
Address:						
City:	State: ZIP Code: Web			Vebsite:	ebsite:	
Phone 1:	Phone 2: E-mail:				Fax:	
Vehicle Storage Facility/Yard						
Vehicle Storage Facility/	Yard					
Vehicle Storage Facility/ Storage Yard and Property Owner Na					TDLR#	
					TDLR#	
Storage Yard and Property Owner Na				ZIP:	TDLR#	
Storage Yard and Property Owner Na Address:	me:		E-mail:	ZIP:	TDLR#	Fax:
Storage Yard and Property Owner Na Address: City:	State: Phone 2:		E-mail:	ZIP:	TDLR#	Fax:
Storage Yard and Property Owner Na Address: City: Phone 1:	State: Phone 2:		E-mail:	ZIP:	TDLR#	Fax:
Storage Yard and Property Owner Na Address: City: Phone 1: Will facility/yard be used for heavy rotation	State: Phone 2:		E-mail:	ZIP:		Fax:
Storage Yard and Property Owner Na Address: City: Phone 1: Will facility/yard be used for heavy rotation Storage Yard and Property Owner Nation	State: Phone 2:		E-mail:	ZIP:		Fax:
Storage Yard and Property Owner Na Address: City: Phone 1: Will facility/yard be used for heavy rotation Storage Yard and Property Owner Na Address:	State: Phone 2: ons? me:		E-mail:			Fax:

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Vehicle Information					
Make:	Model:	Color:			Year:
License Plate#	VIN:			Unit#	
Type (Rollback, Heavy, Regular Tow):	rpe (Rollback, Heavy, Regular Tow):			ge:	GVW:
Vehicle complies with Kyle City Ordinance Section 11-284? (YES or NO)					
Name or business vehicle is registered	to:				
City:	State:			ZIP Code:	
Phone 1:	Phone 2: E-mail:				Fax:
Insurance Provider:		-		Policy#	
City:	State:				ZIP Code:
Phone 1:	Phone 2: E-mail:				Fax:
Make:	Model: Color:			Year:	
License Plate#	VIN: Unit#				Unit#
Type (Rollback, Heavy, Regular Tow):	Rollback, Heavy, Regular Tow): Tonnage:			e:	GVW:
Vehicle complies with Kyle City Ordinance Section 11-284? (YES or NO)					
Name or business vehicle is registered to:					
City:	State:			ZIP Code:	
Phone 1:	Phone 2:	E-mail:			Fax:
Insurance Provider:	urance Provider: Policy#			Policy#	
City:	State:			ZIP Code:	
Phone 1:	Phone 2:	E-mail:			Fax:

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Wrecker Driver Information			
Name (First, Last):		Date of Birth:	
TXDL#	TDLR#		
Attach copy of TDLR certifi	cate for this drive	er	
Name (First, Last):		Date of Birth:	
TXDL#	TDLR#		
Attach copy of TDLR certifi	cate for this drive	er	
Name (First, Last):		Date of Birth:	
TXDL#	TDLR#		
Attach copy of TDLR certificate for this driver			
Name (First, Last):		Date of Birth:	
TXDL#	TDLR#		
Attach copy of TDLR certificate for this driver			
Name (First, Last):		Date of Birth:	
TXDL#	TDLR#		
Attach copy of TDLR certificate for this driver			
Name (First, Last):		Date of Birth:	
TXDL#	TDLR#		
Attach copy of TDLR certificate for this driver			
Name (First, Last):		Date of Birth:	
TXDL#	TDLR#		
Attach copy of TDLR certific	cate for this drive	r	

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SWORN STATEMENT

As required by the City of Kyle **COMMERCIAL TOWING AND WRECKER SERVICES** ordinance Sec. 11-285 (D) "the applicant shall file a sworn statement that the applicant has no financial or ownership interest in any other wrecker service which is on the city's wrecker rotation list."

By signing below, the applicant swears and affirms that no such conflict exists with this wrecker service:

Printed Name

Signature

Date

Officer or City of Kyle Representative Witnessing Signature

Date

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By signing below, you acknowledge that you have read, in its entirety, and fully understand the requirements set forth by the City of Kyle Ordinance Sec. 11.275 through 11.295 titled "Commercial Towing and Wrecker Services." You swear by your signature that all information provided within this application is true and correct and that you will enforce and abide by the policies and procedures of the City of Kyle Ordinance Sec. 11.275 through 11.295 titled "Commercial Towing and Wrecker Services."

Printed Name:	
Signature:	
Date:	
State of Texas County of	
Before me, on this day personally appeared	, known to me
or through (description of identity card or other document) to be the person	on whose name is
subscribed to the foregoing instrument and acknowledged to me that they	executed the same for the
purposes and consideration therein expressed.	
Given under my hand and seal of office this day of	, year
Notary Public's Signature	