

**GULF SHORES POLICE DEPARTMENT
WRECKER ROTATION LIST**

APPLICATION FOR PLACEMENT ON ROTATION LIST

BUSINESS INFORMATION:

NAME _____

ADDRESS _____
CITY STATE ZIP

TELEPHONE _____

OWNER'S NAME _____

OWNER'S DOB _____ SOCIAL SECURITY NO. _____

OWNER'S HOME ADDRESS _____
CITY STATE ZIP

STORAGE FACILITY:

ADDRESS _____
CITY STATE ZIP

PROPERTY OWNER _____

OUTDOOR STORAGE SIZE _____ FT. X _____ FT. CAPACITY _____

DESCRIBE ANY VARIATION FROM REQUIREMENTS _____

**GULF SHORES POLICE DEPARTMENT
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DRIVER INFORMATION SHEET

Instructions: Print or type the requested information for ALL employees who will be driving or operating towing and recovery vehicles.

BUSINESS NAME _____

1. DRIVER'S NAME _____

DRIVER'S ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

DRIVER LICENSE NO. _____ STATE _____

2. DRIVER'S NAME _____

DRIVER'S ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

DRIVER LICENSE NO. _____ STATE _____

3. DRIVER'S NAME _____

DRIVER'S ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

DRIVER LICENSE NO. _____ STATE _____

4. DRIVER'S NAME _____

DRIVER'S ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

DRIVER LICENSE NO. _____ STATE _____

**GULF SHORES POLICE DEPARTMENT
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WRECKER INFORMATION SHEET

Instructions: Print or type the requested information on ALL towing and recovery vehicle that you intend to use when responding to calls on the Gulf Shores Police Department Rotation list.

BUSINESS NAME _____

1. VEHICLE MAKE _____ MODEL _____

YEAR _____ VIN _____

TAG NUMBER _____

VEHICLE SIZE _____ NUMBER OF AXLES _____

TYPE OF LIFT _____ CAPACITY OF LIFT _____

2. VEHICLE MAKE _____ MODEL _____

YEAR _____ VIN _____

TAG NUMBER _____

VEHICLE SIZE _____ NUMBER OF AXLES _____

TYPE OF LIFT _____ CAPACITY OF LIFT _____

3. VEHICLE MAKE _____ MODEL _____

YEAR _____ VIN _____

TAG NUMBER _____

VEHICLE SIZE _____ NUMBER OF AXLES _____

TYPE OF LIFT _____ CAPACITY OF LIFT _____

GULF SHORES POLICE DEPARTMENT WRECKER ROTATION LIST

WRECKER INSPECTION CHECK LIST

DATE _____ INSPECTED BY _____
(NAME) (RANK) (BADGE #)

COMPANY NAME _____ TELEPHONE: DAY _____

LOCATION _____ NIGHT _____
(STREET) (CITY) (COUNTY)

I. FACILITIES (check responses in appropriate squares)

YES	NO	
		Is space available to accommodate a minimum of 10 vehicle enclosed by minimum 6-foot chain link fence?
		Are disabled vehicles and contents protected against damage or theft?

II.A. EQUIPMENT ALL WRECKERS (check responses in appropriate squares)

YES	NO	
		Winch, winch line and boom 8,000-pound singleline cap or role
		One sling and stay bar
		Tow Bars
		Safety chains
		Fire extinguisher(s) of required capacity
		Prybar or wrecker bar
		Push-type broom
		Ax
		Shovel
		Flares (3)
		Amber rotating beacon/amber light bar
		Emergency flashers (2 amber front, 2 red rear)
		One dolly with name permanently affixed
		Name, address and telephone number permanently affixed on both doors: paint scheme and decals/logo not in violation of regulations
		100-foot steel cable (3/8-inch)
		Dual rear floodlights (20,000 candlepower)

II.B. EQUIPMENT LARGE WRECKERS (check responses in appropriate squares)

YES	NO	
		Air control valve operable
		Two chock blocks of required size
		200-foot steel cable (5/8-inch or 3/4-inch)
		Automotive lock air brakes
		Bolt cutter (minimum 1/2-inch opening)
		Fire extinguisher of required size (2)
		External air hookups and hose
		Safety cone (6) and safety triangles (6)
		50 pounds sand or equivalent

II.C. EQUIPMENT FLATBED OR ROLL-BACK CARRIERS (check responses in appropriate squares)

YES	NO	
		Minimum 16-foot bed, dual wheel, one power winch with 8,000-pound capacity
		Minimum 50-foot steel cable (3/8-inch)
		Brake lock device
		Minimum of 2 tie-down chains, 10 feet in length
		Fire extinguisher (1)

III. RECORDS (check responses in appropriate squares)

YES	NO	
		Is record system maintained pursuant to Section III of wrecker manual?
		Do records cover all vehicles in conjunction with the rotation system?
		Are records available for inspection?
		Are records maintained for two years?
		Are abandoned vehicles handled in accordance with Chapter 13, Title 32, Code of Alabama?

IV. INSURANCE (check responses in appropriate squares)

YES	NO	
		Is garage liability coverage in effect? Company name:
		Is garage keeper's liability coverage in effect? List coverage amounts:
		Is certificate of insurance filed with Department of Public Safety?

V. GENERAL (check responses in appropriate squares)

YES	NO	
		List of owner(s) and all operators furnished, to include names, addresses, DOB's, D/L numbers, SSN's
		NCIC/ACJIC checks conducted on all personnel
		Valid driver licenses held by all personnel
		Proper business license posted
		Proper vehicle registration and tag for each wrecker

LIST ALL WRECKERS: (USE SUPPLEMENTAL SHEET, IF NECESSARY)

VIN #	TAG #	GVWR	GCWR	LIFT CAPACITY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does owner have a copy of Rules and Regulations? Yes _____ No _____

List base rates charged _____

INVESTIGATOR'S RECOMMENDATION: Recommend placement on rotation? Yes _____ No _____

COMMENTS: _____

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WRECKER ROTATION LIST**

AUTHORIZATION PERMIT

The Wrecker/Towing Service Listed Below is Hereby Authorized to Receive
Rotation Calls From The Gulf Shores Police Department within the City Limits and
Police Jurisdiction.

This Permit Shall Remain In Effect Until Notification From The City of Gulf Shores
That The Same Has Been Canceled Or Suspended.

Firm _____

Address _____

City _____

This Wrecker/Towing Service complies with All rules and regulations.

Chief of Police

cc Revenue