

**NEW ORLEANS POLICE DEPARTMENT
TOWING ALLOCATION SYSTEM APPLICATION**

TOWING COMPANY NAME:

- ADDITIONAL EQUIPMENT PAGE -

Utilize one form from Section IV for each tow truck that will participate on this Call Allocation List

TOW TRUCK DESCRIPTION

Truck #: _____
TRUCK _____ YEAR _____ M.F.G. _____ M.F.G. CAPACITY _____
MAKE: _____ M.G.F.: _____ MODEL No: _____ in TONS: _____
M.F.G. G.V.W. NO of TIRE REAR SINGLE: _____
RATING: _____ AXLES: _____ SIZE: _____ WHEELSDOUBLED: _____ COLOR _____
SLIDE TRUCK: _____ WHEEL LIFT: _____ SLING TRUCK: _____ DAMAGE FREE: _____
TYPE OF
BRAKES: AIR: _____ VAC. HYD.: _____ V.I.N. # _____
LICENSE NUMBER: _____ YEAR: _____ STATE: _____ TYPE: _____
INSURANCE COMPANY: _____
POLICY NUMBER: _____ EFFECTIVE DATE: _____ EXPIRATION DATE: _____

****PROVIDE COPIES OF ALL INSURANCE DOCUMENTS WITH APPLICATION****

EXTRA EQUIPMENT:

LIST EXTRA EQUIPMENT: _____

TOW TRUCK BOOM DESCRIPTION

TOW TRUCK	MFG MODEL	TOTAL BOOM			BOOM SINGLE: _____
MAKE: _____	NUMBER: _____	CAPACITY: _____			TONS DOUBLE: _____
WINCH	LEFT	RIGHT	FRONT	REAR	OTHER
CAPACITY	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____
CABLE LENGTH					
IN FEET	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____
CABLE DIAMETER					
IN INCHES	#1 _____	#2 _____	#3 _____	#4 _____	#5 _____

Any towing business with a tow truck that fails the initial inspection shall be notified in writing and will have 10 days to correct the problem