

**NEW ORLEANS POLICE DEPARTMENT  
INVESTIGATION & SUPPORT BUREAU  
TOWING & RECOVERY SECTION**

**(all forms and attachments MUST be submitted in the below order)**

APPLICANT CHECKLIST

**TOWING COMPANY NAME:**

NOTARIZED AFFIDAVIT

APPLICATION PAGE (SECTION I)

OWNER / OFFICER PAGE (SECTION II)

DRIVER / OPERATOR PAGE (SECTION III)

TOWING EQUIPMENT PAGE (SECTION IV)

ADMINISTRATIVE PAGE (SECTION V)

LSP STORAGE INSPECTION CERTIFICATE

LA PUBLIC SERVICE COMMISSION AUTHORITY CERTIFICATE

CITY OF NEW ORLEANS OCCUPATIONAL LICENSE

VEHICLE REGISTRATION FOR EACH TRUCK LISTED

VEHICLE INSURANCE FOR EACH TRUCK LISTED

WORKER'S COMPENSATION INSURANCE (IF APPLICABLE)

PROPERTY LIABILITY INSURANCE

PROPERTY LEASE (IF APPLICABLE)

VOIDED INVOICE (MUST BE ORIGINAL AND NUMBERED)

COPY OF LEGIBLE DRIVER'S LICENSE FOR EACH OPERATOR LISTED

PAYMENT (CHECKS MUST BE PAYABLE TO "CITY OF NEW ORLEANS")

STORAGE FACILITY                    X \$20.00 =\$

NUMBER OF TRUCKS                X \$10.00 =\$

TOTAL AMOUNT DUE = \$

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

**TOWING COMPANY NAME:**

**- SECTION I -  
APPLICATION**

**Company Name**

**Company Telephone Number (desired number for list - must be available 24 hours a day)**

**- NO PAGERS OR BEEPERS -**

**Secondary contact telephone number  
\*\*not required\*\***

**Company Fax**

**Company email  
\*\*REQUIRED\*\***

**Orleans Parish Storage Facility Location**

**Orleans Parish Office Address**

**THIS APPLICATION MUST BE RECEIVED IN THE TOWING AND RECOVERY OFFICE NO LATER THAN 5:00 PM ON OCTOBER 31st. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT.**

**SUBMISSION OF THIS COMPLETED APPLICATION DOES NOT GUARANTEE PLACEMENT ON THE NOPD TOWING ALLOCATION LIST. DETERMINATION OF ELIGIBILITY SHALL BE DETERMINED BY NOPD UPON CERTIFICATION OF COMPLIANCE UNDER THE APPLICABLE REQUIREMENTS CONTAINED IN MUNICIPAL AND STATE LAW.**

NEW ORLEANS POLICE DEPARTMENT  
TOWING ALLOCATION SYSTEM APPLICATION

TOWING COMPANY NAME:

- SECTION II -

OWNER / OFFICER INFORMATION

**President/Owner**

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Vice-President**

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Secretary/Treasurer/Owner**

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Recording Secretary**

Name: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

NEW ORLEANS POLICE DEPARTMENT  
TOWING ALLOCATION SYSTEM APPLICATION

TOWING COMPANY NAME: \_\_\_\_\_

**- SECTION III -**

**DRIVER / OPERATOR INFORMATION**

Driver # \_\_\_\_\_ NAME: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, AND ZIP: \_\_\_\_\_  
LOUISIANA DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
RECORD CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED / DISAPPROVED: \_\_\_\_\_

Driver # \_\_\_\_\_ NAME: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, AND ZIP: \_\_\_\_\_  
LOUISIANA DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
RECORD CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED / DISAPPROVED: \_\_\_\_\_

Driver # \_\_\_\_\_ NAME: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, AND ZIP: \_\_\_\_\_  
LOUISIANA DRIVER'S LICENSE NUMBER: \_\_\_\_\_ CLASS: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
RECORD CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVED / DISAPPROVED: \_\_\_\_\_

PLEASE ATTACH LEGIBLE PHOTO-COPY OF DRIVER'S LICENSE FOR EACH OPERATOR

IN ACCORDANCE WITH TITLE 55:1909 SEC D-2, ALL EMPLOYEES WILL BE SUBJECT TO CRIMINAL RECORDS CHECKS AND  
DRIVER'S LICENSE VERIFICATION

**NO** DRIVER IS AUTHORIZED TO HANDLE N.O.P.D. CALLS UNTIL THE TOWING AND RECOVERY UNIT HAVE CERTIFIED THEM

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

**TOWING COMPANY NAME:** \_\_\_\_\_

**- SECTION IV -  
TOWING EQUIPMENT**

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

**TOTAL NUMBER OF VEHICLES TO BE USED BY APPLICANT:** \_\_\_\_\_

**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.**

NEW ORLEANS POLICE DEPARTMENT  
TOWING ALLOCATION SYSTEM APPLICATION

TOWING COMPANY NAME: \_\_\_\_\_

**- SECTION V -  
ADMINISTRATIVE**

Storage yard fee: \$20.00 per facility / Tow truck inspection and tow sticker fee: \$10.00 per truck

Total number of trucks: \_\_\_\_\_ Total number of facilities: \_\_\_\_\_

Total amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Please make checks payable to "City of New Orleans"

"I affirm that all of the information on this application form is true and correct to the best of my knowledge."

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**- DO NOT WRITE BELOW THIS LINE -**

Applicant packet received by: \_\_\_\_\_ Date received: \_\_\_\_\_

**INSPECTION PERFORMED SECTION**

\_\_\_\_\_  
(Inspecting Officers Signature)

1. # of trucks inspected \_\_\_\_\_

2. # of drives inspected \_\_\_\_\_

3. Storage Facility Inspection Date: \_\_\_\_\_

Reason for unsatisfactory: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approval Recommendation: [ YES / NO ]

CONCUR / DOES NOT CONCUR

CERTIFIED FOR TAO LIST  
NOT CERTIFIED FOR TAO LIST

\_\_\_\_\_  
COMMANDER  
PROPERTY CRIMES INVESTIGATIONS

\_\_\_\_\_  
COMMANDER  
CRIMINAL INVESTIGATIONS DIVISION