NEW ORLEANS POLICE DEPARTMENT
2015 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 MAKE: _____ YEAR M.G.F.: _____ M.F.G. MODEL No: _____ M.F.G. CAPACITY in TONS: _____

M.F.G. G.V.W. RATING: _____ NO of AXLES: _____ TIRE SIZE: _____ REAR SINGLE: _____ 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 MAKE: _____ MFG MODEL NUMBER: _____ TOTAL BOOM CAPACITY: _____ BOOM SINGLE: _____ TONS DOUBLE: _____

WINCH CAPACITY	LEFT #1 _____	RIGHT #2 _____	FRONT #3 _____	REAR #4 _____	OTHER #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