Beaumont Police Department
Towing Company Rotation List Application

Date: _____ **Time:** _____ **Reviewed/Accepted by:**_____

Towing Company Name:_____

Vehicle Storage Facility Address: _____

Company Phone Number: _____ TDLR Number: _____

Owner's Name: _____

Owner's Phone Number: _____ Cell Phone Number: _____

Insurance Company/Policy Number: _____

Tow Truck Operators

Printed Name TDLR License #

_____

_____

_____

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Tow Truck Operators

Printed Name TDLR License #

Permitted Tow Vehicles

Year	Make	VIN	TDLR#

Permitted Tow Vehicles

Year	Make	VIN	TDLR#

Printed Name of Authorized Company Representative Completing Application

Signature