

**MONTANA HIGHWAY PATROL
TOW TRUCK FACT SHEET**

BUSINESS NAME: _____
BUSINESS OWNER(S): _____ HOME PHONE NUMBER: _____
PHYSICAL MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
FEDERAL ID #: _____ DOT #: _____
PRIMARY PHONE NUMBER: _____ 24-HOUR NUMBER: YES NO
SECONDARY PHONE NUMBER: _____ 24-HOUR NUMBER YES NO
24-HOUR TOW SERVICE: YES NO IF NO, SPECIFY: _____
24-HOUR RECOVERY SERVICE: YES NO IF NO, SPECIFY: _____

TYPE OF SERVICE(S) AVAILABLE

LIGHT DUTY:

CLASS A: YES NO TOW: YES NO RECOVERY: YES NO

*ASSIGNED ROTATION AREA: _____

CLASS B: YES NO TOW: YES NO RECOVERY: YES NO

*ASSIGNED ROTATION AREA: _____

CLASS D: YES NO TOW: YES NO RECOVERY: YES NO

*ASSIGNED ROTATION AREA: _____

HEAVY DUTY:

CLASS C: YES NO TOW: YES NO RECOVERY: YES NO

*ASSIGNED ROTATION AREA: _____

CLASS E: YES NO

*ASSIGNED ROTATION AREA: _____

STATE CERTIFIED FLAGGERS: YES NO

INSIDE SECURE STORAGE: YES NO

FENCED OUTSIDE SECURE STORAGE: YES NO

FENCED OUTSIDE SECURE STORAGE LOCATION: _____

CERTIFIED EMPLOYEES AND EQUIPMENT CAPABLE OF HANDLING HAZARDOUS MATERIAL INCIDENT: YES NO

INSURANCE CARRIER: _____ POLICY NUMBER: _____

OTHER SERVICES AND EQUIPMENT AVAILABLE

REQUEST TO BE ON ROTATION: YES NO

INSPECTING TROOPER: _____ DATE: _____

*DENOTES DISTRICT CAPTAIN REQUIRED TO FILL IN ASSIGNED ROTATION AREA

MHP DISTRICT: _____ DISTRICT CAPTAIN APPROVAL: _____ DATE: _____

DATE RECEIVED BY DISPATCH: _____