

**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: _____	

<i>Tow Truck Operators</i>	
Printed Name	TDLR License #

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Printed Name	TDLR License #

<i>Permitted Tow Vehicles</i>			
Year	Make	VIN	TDLR#

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Printed Name of Authorized Company Representative Completing Application

Signature