SPARTANBURG COUNTY
WRECKER ROTATION APPLICATION

OWNERS INFORMATION

Name of Company:	Corporation or Limited Liability Company? ☐ YES ☐ NO

Owner's Name:	Business Phone:
Business Address:	24 Hour Phone:

City:	State:	Zip Code:	Zone #

Email Address:	Fax Number:

Wrecker Class: ☐ A ☐ B ☐ C (*check all that apply*)	Total number of wreckers:	Credit cards accepted? ☐ Yes ☐ No

DRIVER INFORMATION

Number of Drivers:	***Please list any additional drivers on separate page.***		
Driver's Name:	Driver's License:	State:	Class:
Driver's Name:	Driver's License:	State:	Class:
Driver's Name:	Driver's License:	State:	Class:

Please list additional drivers on page 2. Application must include medical examiner's certificate for all CDL drivers.

INSURANCE COVERAGE INFORMATION

SPARTANBURG COUNTY SHERIFF'S OFFICE MUST BE NOTIFIED OF ANY CHANGE OR LOSS OF COVERAGE

Include Certificate of Insurance with this application

Insurance Company	Agent's Name:
Address:	Phone:

LIABILITY INSURANCE COVERAGE

Policy #	Effective Dates: to	Limits: $

CARGO INSURANCE COVERAGE

Policy #	Effective Dates: to	Limits: $

GARAGE KEEPERS INSURANCE COVERAGE

Policy #	Effective Dates: to	Limits: $

TRUCK INFORMATION

Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:
Make:	Model:	VIN:	Tag:	Class:

Trucks must be used and marked for this location only. Please list additional trucks on separate page.

ACKNOWLEDGEMENT

I have read and understand the Spartanburg County Wrecker Ordinance. I further understand that any violation of these regulations may result in the suspension or removal of the above towing service from the Spartanburg County Wrecker Rotation List.

Signature of Owner:	Print Name:	Date:

Revised 03/16