
**CITY OF ROUND ROCK
WRECKER BUSINESS ROTATION LIST APPLICATION**

This application shall be filled out by all Wrecker Companies seeking placement on the City's rotation list for participation in answering calls for the City for nonconsent tows. Before this application can be processed, it must be accompanied by the following:

- 1. An approved Certificate of Registration.**
- 2. An inspection sticker for each Tow Truck it owns or will use while on the Rotation List.**
- 3. A copy of a vehicle storage facility license issued by the Texas Department of Transportation for a storage facility within the city limits.**
- 4. A list of all drivers and drivers' driving record obtained from the Texas Department of Public Safety.**
- 5. A certificate of public liability and property damage insurance on the City of Round Rock standard form indicating General Liability coverage in the amount of \$1,000,000.00.**
- 6. A certificate from the appropriate tax assessor-collector agency that certifies that all city taxes on all properties, real and personal, to be used in connection with the applicant's Wrecker business are current.**

**CITY OF ROUND ROCK
WRECKER BUSINESS ROTATION LIST APPLICATION**

1. _____
(name of wrecker company business and trade name if different from wrecker company business name)

_____ Street Address (Physical Address Must be Provided) _____ City, State, Zip

_____ Mailing Address (If Different from Physical Address) _____ City, State, Zip

() _____ () _____
Business Phone (answered 24 hours a day) Business Fax

2. _____ / _____
Name and Title of business owner(s) Name and Title of business owner(s)

_____ / _____
Name and Title of business owner(s) Name and Title of business owner(s)

_____ / _____
Name and Title of business owner(s) Name and Title of business owner(s)

3. _____
Storage Facility Street Address (Physical Address Must be Provided) _____ City, State, Zip

4. List below all drivers that will perform nonconsent tows on behalf of the Wrecker Company and attach the driver's driving record. (Note: application will not be accepted until all driving records are included.)

Name of Driver	Driver's License No.	Driving Record Attached Yes/No
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

- 5. I have an Inspection Sticker for each Tow Truck owned or which will be used while on the rotation list and as identified in the Certificate of Registration application.
- 6. I have attached a copy of the vehicle storage facility license issued by the Texas Department of Transportation.
- 7. I have listed all drivers and have attached all driving records for those drivers, obtained from the Texas Department of Public Safety.
- 8. I have attached a certificate of public liability and property damage insurance issued by a casualty company authorized to do business within the State of Texas, indicating General Liability coverage in the amount of \$1,000,000.00, in addition to the insurance requirements provided in the Certificate of Registration application.
- 9. I have attached a certificate from the tax assessor-collector agency that certifies that all city taxes on the properties, real and personal, to be used in connection with this Wrecker Company are current.
- 10. I certify that the Wrecker Company meets the following qualifications for placement on the rotation list:
 - a. it has registered and received a Certificate of Registration and Inspection Sticker for each Tow Truck it owns or will use while on the rotation list;
 - b. it owns leases, or otherwise lawfully possesses and operates a storage facility located within the incorporated limits of the City where all Motor Vehicles it tows on behalf of the City shall be stored at all times and which (i) is enclosed by a permanent six (6) foot solid wood or steel chain link fence, and (ii) has a gate which is locked, when there is no attendant on duty or after normal business hours;
 - c. it maintains at least one (1) Wrecker;
 - d. it maintains twenty-four (24) hour Wrecker service and a local telephone number which is answered twenty-four (24) hours a day;
 - e. it is able to respond to any location in the City within thirty (30) minutes of being notified by telephone and its tow trucks 2 ½ tons or more in size, if applicable, are able to respond within forty-five (45) minutes after notification;
 - f. it has someone available twenty-four (24) hours a day to release any vehicle impounded within thirty (30) minutes of a request by the owner or the Police Department; and
 - g. it or the owner of the leased storage facility holds a license issued by the Texas Department of Transportation for the storage facility.

I the undersigned Owner/Authorized Agent declare that the information provided in this application is complete and accurate to the best of my knowledge. I understand that review of this application is dependant on the accuracy of information provided and any inaccurate or inadequate information provided may delay the processing of this application. I further understand that acceptance of this application in no way obligates the City of Round Rock to grant placement of the Wrecker Company on the Rotation List and the City of Round Rock is not responsible for any cost or inconvenience incurred by me or my agent if the application is not approved.

Applicant's signature: _____

Applicant's printed name: _____

Date: _____

ROUND ROCK POLICE DEPARTMENT USE ONLY-DO NOT WRITE BELOW THIS LINE

_____	<p>THE ABOVE NAMED WRECKER COMPANY HAS MET THE REQUIREMENTS AND QUALIFICATIONS FOR PLACEMENT ON THE ROTATION LIST AND IS GRANTED SUCH PLACEMENT FOR THE YEAR OF _____, AND EXPIRES ON DECEMBER 31, _____.</p>
_____	<p>THE ABOVE NAMED WRECKER COMPANY HAS NOT MET THE REQUIREMENS AND QUALIFICATIONS FOR PLACEMENT ON THE ROTATION LIST FOR THE YEAR OF _____.</p>
	<p>_____</p> <p style="text-align: center;">ROUND ROCK CHIEF OF POLICE OR DESIGNEE</p>
	<p>_____</p> <p style="text-align: center;">DATE</p>

**CITY OF ROUND ROCK
CERTIFICATE OF NO TAX DELINQUENCY**

NAME OF COMPANY APPLYING FOR PERMIT: _____
ADDRESS OF COMPANY: _____

TRADE NAMES, SUBSIDIARIES OR ASSUMED NAMES:

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

THIS IS TO CERTIFY THAT the taxes on all properties, real and personal, to be used in connection with the above named companies are current with the City of Round Rock, Texas as of the _____ day of _____, 20____.

**ROUND ROCK ISD
TAX ASSESSOR/COLLECTOR**

Signature

Printed name

Date: _____