

**CITY OF ROUND ROCK
WRECKER BUSINESS SUPPLEMENTAL APPLICATION**

1. _____
(name of wrecker company as it appears on the Certificate of Registration)

2. Indicate all that apply:

_____ **Change in corporate name.**

(new corporate name)

_____ **Change in address and/or phone numbers.**

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

_____ **Change in business owner.**

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)

_____ **Addition or Deletion of Vehicle.**

Make of Vehicle	Year of Vehicle	Addition or Deletion	License Plate No.	Vehicle Identification Number (VIN)	Name of Owner (Wrecker Company affiliate if different from Wrecker Company filing application)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

_____ **Addition or Deletion of Driver.**

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

_____ **Change in Insurance Carrier (attach new Certificate of Insurance City of Round Rock standard form).**

_____ **New motor carrier license (attach).**

_____ **New storage facility license (attach).**

_____ **Change in storage facility (attach storage facility license).**

_____ **Other (explain below).**

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 any inaccurate or inadequate information provided may be cause for suspension or revocation of the Certificate of Registration, Inspection Sticker or removal from the Rotation List.

Applicant's signature: _____

Applicant's printed name: _____

Date: _____