**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 #:      (ONLY REQUIRED IF OVER 26,000 LBS)

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 [ ]

**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:­­­­­­­­­­­­­