



Tow Truck Motor Carrier Certification Form (Carrier Completes)

Motor Carrier Type: Consent Tow Only Carrier Both Consent and Non-Consent Tow Carrier

Company Name: _____ USDOT Number: _____

Physical Address: _____ County: _____

City: _____ State: _____ Zip: _____ Designated Company Official: _____

Mailing Address: _____ Title: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Driver Certification (Carrier Completes)

Number of Tow Operators: _____ Number of Tow Operators certified by UDOT: _____

Vehicle Certification (Carrier Completes)

Number of Tow Trucks: _____ Number of Tow Trucks certified by UDOT: _____

Carrier Documentation Questions (inspector completes)

- | | |
|--|---|
| <input type="checkbox"/> Verified \$1,000,000 liability insurance policy and MCS-90? | <input type="checkbox"/> Carrier and operators are BCI compliant? |
| <input type="checkbox"/> Tow notice requirements met (IVS/Certified letter sent)? | <input type="checkbox"/> Fees are posted in accordance with R909-19? |
| <input type="checkbox"/> Do receipts have required information? | <input type="checkbox"/> Has carrier completed its biannual update (MCS-150)? |
| <input type="checkbox"/> Customers are provided a Bill of Rights? | <input type="checkbox"/> If interstate, _____ are UCR Fees Paid? |

Signature of Carrier Official: _____ Date: _____

Signature of Inspector: _____ Date: _____

Certification issued: Y _____ N _____ Comments: _____