Department of Public Safety
WRECKER SERVICES DIVISION

General Requirements
Applying for a Wrecker Service License

1. An individual or company must have a wrecker vehicle as defined in the statues in Title 47 Section 951.

"Place of business" or **"Business location"** means a permanent structure, not mounted on wheels, occupied by the wrecker operator at the physical address of the wrecker service, as shown on the wrecker license, with phone service and functioning utilities including but not limited to electricity and water, where normal business is transacted and all wrecker records are maintained. Effective January 1, 2005, the place of business shall be located in Oklahoma.

2. **Original Wrecker Application** - Complete all pages. The application must be signed and notarized. A partnership must have two signatures. A copy of the Corporation Certificate or LLC Certificate from the Oklahoma Secretary of State needs to be submitted with the application from a wrecker service who are incorporated or an LLC. Submit the $100.00 application fee, payable by cashier's check, money order or personal check, **NO CASH**, with the application.

   Oklahoma State Bureau of Investigation Background Check - Must be sent directly to the OSBI with their fee. A wrecker service which is a partnership will need a background check for each partner. A corporation will need a background check for all officers listed on the application. After you receive the background check from the OSBI submit the results along with your application to the Department. The OSBI background information must be current, we will not accept background information ninety (90) days old or older.

   If any owner, partner or officer has not lived in Oklahoma for the immediately preceding five (5) years, he or she shall submit a criminal record check from the agency responsible for keeping criminal history in the state or states of residence for the immediately preceding five (5) years.

   Certificate of Insurance - A Department of Public Safety Certificate of Insurance (WA) filing needs to be completed by your insurance agent or carrier. Only a Department of Public Safety Certificate of Insurance (WA) filing will be accepted. The filing can be submitted with the application or the insurance company can submit the filing directly. Faxed copies of the Certificate of Insurance (WA) filing will be accepted as long as the notary signature and seal can be read. See Rule 595:25-5-4. for the insurance coverage required.

3. Wrecker services which are leasing their office, storage lot or wrecker vehicles, will need to supply this office with a copy of the lease agreement. For the storage lot, the lease will need to be for at least one (1) year and signed by the leasee and the lessor. Leased wrecker vehicles shall show the owner information and the name of the lessee on the vehicle registration.

4. All Class AA wrecker services or any Class G wrecker service planning to store vehicles will need to have a storage facility within a two (2) mile radius of the place of business address as reflected on the wrecker license.

595:25-3-1. General requirements

(11) **License prohibited.**

(A) No person under eighteen (18) years of age shall be licensed or employed as a wrecker operator.

(B) No person shall be licensed as a wrecker/towing service who has been convicted of:

(i) a felony, larceny, theft or untruthfulness; or

(ii) any provision of Title 21 O.S. § 1029 while providing wrecker services; or

(C) No person shall be licensed as a wrecker/towing service or employed by a wrecker/towing service until five (5) years after completion of the sentence for the conviction, including probation or supervised release. In cases of deferred judgement and sentence, the prohibition shall extend to five (5) years after the end of the deferred judgement and sentence.

(D) Any person who is required to register as a sex offender, as required by 57 O.S. § 583, shall be prohibited from owning or working for a wrecker service for a period of time the person is or is required to be registered.

Please note: This may not be the only license required for your business.

GVWR 26,001 and over doing intrastate commerce require a Oklahoma DOT number

GVWR 10,001 doing interstate commerce need a Federal DOT number

Department of Public Safety

WRECKER SERVICES DIVISION

Office Use Only
DPS #_____

Original Application for Wrecker/Towing Service License

Type of wrecker license applying for: ☐ Class G General License does not tow for law enforcement.
☐ Class AA Can tow for law enforcement.

Company Name _____ Day Phone (_____)_____

DBA_____ Night Phone (_____)_____

Name of person to contact _____ Cell Phone (_____)_____

Office Address_____City_____Zip_____County_____

Mailing address (if different from above)_____

Email address (Optional, to be used to notify wrecker service of changes)_____

Storage Facility ☐ Own ☐ Lease (Enclose a copy of the lease agreement)

Outdoor Storage physical address_____

Indoor Storage physical address_____

OWNERSHIP INFORMATION (PARTNERSHIPS MUST HAVE TWO SIGNATURES ON THE BACK)
List the legal name of the owner, owners or corporate officers, as well as any nicknames or aliases. Use additional sheet if necessary.

Is this a(n), check one: ☐ Individual Ownership ☐ Partnership ☐ Corporation Federal ID#_____ ☐ LLC

1. Name_____Date of Birth_____DL#_____

   Title_____(Owner, Partner, President, Vice President, etc.)

   Home Address_____City_____ Zip_____Hm Phone_____

2. Name_____Date of Birth_____DL#_____

   Title_____(Owner, Partner, President, Vice President, etc.)

   Home Address_____City_____ Zip_____Hm Phone_____

3. Name_____Date of Birth_____DL#_____

   Title_____(Owner, Partner, President, Vice President, etc.)

   Home Address_____City_____ Zip_____Hm Phone_____

Description of all wreckers to be licensed. Use additional sheet if necessary.

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER NUMBER	Office Use _____	Check all that apply TYPE OF VEHICLE Sling	Wheel Lift	Rollback
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐
_____	_____	_____	_____	☐	☐	☐

Pursuant to 47 O.S. 2-112, the Department shall examine and determine the genuineness, regularity and legality of every application, driver license and any other application lawfully made to the Department, and may in all cases make investigation as may be deemed necessary or require additional information, and shall reject any such application if not satisfied of the genuineness, regularity or legality thereof or the truth of any statement contained therein, or for any other reason, when authorized by law.

Pursuant to 47 O.S. Section 951 et seq. and the rules of the Department of Public Safety pertaining hereto, the undersigned applies for a license to operate a Wrecker/Towing Service in the State of Oklahoma.

AFFIDAVIT

Under Oath, I affirm that I have examined all Department rules pertaining hereto and in good faith shall endeavor to abide by all applicable laws and rules governing the Wrecker and Towing Service for which this application is made; I affirm that the information submitted in the application is true and complete.

Dated this _____day of _____ 20_____.

_____
Applicant's Signature

_____
Print Name and Title

Attest: Subscribed and sworn to before me this
_____day of _____ 20_____

_____
Notary Public Signature

My Commission expires_____

My Commission number_____

_____
Other Officer's Signature

_____
Print Name and Title

Attest: Subscribed and sworn to before me this
_____day of_____20_____

_____
Notary Public Signature

My Commission expires_____

My Commission number_____

YOUR PRESENT WRECKER/TOWING SERVICE LICENSE WILL EXPIRE ON DECEMBER 31ST

Return the completed application (signed and notarized) with the statutory application fee of $100.00
(payable by check or money order **NO CASH PLEASE**):

OKLAHOMA DEPARTMENT OF PUBLIC SAFETY
WRECKER SERVICES DIVISION
PO BOX 11415
OKLAHOMA CITY OK 73136-0415
For questions call (405) 425-2295

Office Use Only

Check or Money Order No._____Receipt No._____

Date mailed_____ By_____

All support personnel, drivers, office personnel and mechanics, must be listed in this section, including owner(s), if the owner(s) drives the vehicles. Use additional sheet if necessary

Driver License Number	Name	Date of Birth	Check all that apply: Driver	Garage	Office	Other
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			☐	☐	☐	☐
			☐	☐	☐	☐
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USE THIS SPACE FOR ANY ADDITIONAL INFORMATION