



## Wrecker Licenses Renewal Application Instructions

**THE FILING OF AN APPLICATION FOR A LICENSE DOES NOT AUTHORIZE WRECKER SERVICE OPERATIONS FOR THE APPLICATION.**

Download Renewal Application at [www.oklahoma.gov/dps/wrecker-services/wrecker-resources](http://www.oklahoma.gov/dps/wrecker-services/wrecker-resources)

**Your application will be denied if you fail to provide any supporting documents if changes were made to your original application or last year's renewal application.**

- The Company name and DBA, if applicable, shall be the same name which is currently on the wrecker license. If the name is different, the renewal application will be denied and you will be required to submit an **original** application and appropriate fees for a Wrecker Service License.
- List addresses for the business office and all storage facilities. Indicate whether you own or lease the storage facilities. You will need to provide either valid Proof of Address or if leasing, a recent copy of lease.
- Complete the owner information by indicating the type of ownership of the wrecker service. If the ownership has changed, the renewal application will be denied and the applicant will be required to submit an original application and appropriate fees for a Wrecker Service License.
- **All drivers/operators, owner(s), and if applicable, office and garage personnel**, are to be listed on page two of the application, Include the complete name, the driver's license number (a state ID will ONLY be accepted for those classified as office or garage personnel) and date of birth. Please include the state in which any driver is licensed, if not in the State of Oklahoma. **Your renewal application will be denied if DPS has not been notified of each driver.**
- List **ONLY** the wrecker vehicle(s) currently licensed and approved to the assigned DPS # you are renewing the license for. Wrecker vehicles currently licensed but **not** listed on the renewal application **will be canceled**. Any wrecker vehicle with an expired license plate **will not** be approved. **Any wrecker vehicles which have not already been inspected and approved by the Department should not be included.**
- Supporting Documents (595: 25-3-2):
  - Training - Each driver/operator must submit proof of 4 hours continued education (595:25-3-1)
  - Lease agreements - property (if applicable) (595:25-3-2) (595:25-5-1)
  - Proof of current, valid liability insurance (595:25-3-2) (595:25-5-4)
  - Criminal record check for each person listed on the application (595:25-3-2)
  - Secretary of State Certificate (if applicable) (595:25-3-2)
- The application must be signed and dated by the owner of the company. In the event ownership is a Corporation, partnership, limited partnership, LLC, etc., the application must be signed and dated by at least two (2) company officers.
- Class AA wrecker services must list **all** law enforcement agencies they provide towing services for on the application.

All renewal applications must be submitted with the statutory renewal fee of two hundred fifty dollars (**\$250.00**) in the form of a check or money order and made out to the Department of Public Safety.

If any questions, please contact: Wrecker Services Division - (405)425-2312 - [wrecker@dps.ok.gov](mailto:wrecker@dps.ok.gov)



Department of Public Safety  
WRECKER SERVICES DIVISION  
Renewal Application for Wrecker/Towing Service License

**Renewal Year 2018**

DPS- \_\_\_\_\_ -W Class \_\_\_\_\_ (AA or G) Day Phone (\_\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_

DBA \_\_\_\_\_ Night Phone (\_\_\_\_\_) \_\_\_\_\_

Name of person to contact \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Email address (To notify wrecker service of changes, will not be shared) \_\_\_\_\_

Storage Facility  Own  Lease

Outdoor Storage physical address \_\_\_\_\_

Indoor Storage physical address \_\_\_\_\_

Additional Storage \_\_\_\_\_  Indoor  Outdoor

**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	Office Use	Check all that apply TYPE OF VEHICLE		
				Sling	Wheel Lift	Rollback
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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\_\_\_\_. **DPS-\_\_\_\_\_ -W**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Other Officer's Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

Attest: Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Attest: Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Signature



\_\_\_\_\_  
Commission expires  
\_\_\_\_\_  
Commission number

\_\_\_\_\_  
Commission expires  
\_\_\_\_\_  
Commission number



**YOUR PRESENT WRECKER/TOWING SERVICE LICENSE WILL EXPIRE ON DECEMBER 31<sup>ST</sup>**

Return the completed application (signed and notarized) with the statutory renewal fee of \$250.00 (payable by check or money order **NO CASH PLEASE**) prior to December 1st, to:

OKLAHOMA DEPARTMENT OF PUBLIC SAFETY  
WRECKER SERVICES DIVISION  
PO BOX 53004  
OKLAHOMA CITY OK 73152-29000  
For questions email wrecker@dps.ok.gov or call (405) 425-2312

**Office Use Only**

Check or Money Order No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date mailed \_\_\_\_\_ By \_\_\_\_\_