

**MONTANA HIGHWAY PATROL
TOW TRUCK FACT SHEET**

BUSINESS NAME:

BUSINESS OWNER(S): HOME PHONE NUMBER:

PHYSICAL MAILING ADDRESS:

CITY: STATE: ZIP: COUNTY:

EMAIL ADDRESS: _____

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

TRAFFIC INCIDENT MANAGEMENT CERTIFICATES OF COMPLETION: 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: