



Sheriff Tim Ryals

Chief Deputy Matt Rice

## ROTATION LIST APPLICATION

**Instructions:** Any company with a base of operations in Faulkner County that wishes to provide services must submit this application packet annually. Under no circumstances will companies be added as a provider to the rotation list without completing and submitting this application packet. This application packet will also be required for the current providers wanting to maintain their place in the rotation. Once the Application Period is closed, no other applications will be accepted by the Faulkner County Sheriff's Office. Pursuant to Arkansas Code Annotated § 27-50-1219 *Suspension from Law Enforcement Non-Consent Rotation List*.

### Applicant Information

Company Name		Application Date	
Owner's Full Name		Email Address	
Phone #: (     )     -	Cell #: (     )     -	Fax #: (     )     -	
Company Mailing Address		Company Physical Location	
Storage Area Location (if different from physical location)			
Tow Vehicle Class (check all that apply) <input type="checkbox"/> Light Duty <input type="checkbox"/> Medium Duty <input type="checkbox"/> Med Duty Rollback <input type="checkbox"/> Heavy Duty		Total Number of Tow Vehicles	Total Number of Drivers

### Insurance Coverage

Insurance Company		Agent's Name	
Address		Phone #: (     )     -	
Liability Insurance Policy #	Effective Dates: -	Limits: \$	
Cargo Insurance Policy #	Effective Dates: -	Limits: \$	
Storage Insurance Policy #	Effective Dates: -	Limits: \$	

### Tow Vehicle Information

		As required by the Arkansas Towing and Recovery Board	
		Consensual	Non-Consensual
Vehicle	Permit Number	<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"/>

Tow Vehicles Used in Rotation

Make	Model	VIN	Tag	Class
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Driver Information

List names of each driver below and complete the Attachment to Rotation List Application for each driver listed.

Name	Driver License	State	Expiration	Class	Convictions/Charges
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

Training Information

List and attach copies of any additional training the owner/drivers received relating to the towing and recovery industry.

Driver Name	Training Class Name	Date(s) of Training
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		
<input type="checkbox"/> Owner <input type="checkbox"/> Driver		

## Tow Fees

Attach a detailed list of company's tow fees. These fees must be in effect during the entire tow period year.

## Additional Requirements

Has the Arkansas Towing and Recovery Board taken any disciplinary action against your business within the last five (5) years?

☐ No ☐ Yes. If yes, attach copies of results and documentation of all appeals contesting this disciplinary action to your application packet.

Do you have any financial interest in any other wrecker company within Faulkner County?

☐ No ☐ Yes. If yes, list the wrecker companies:

Does any member of your family (related by blood or marriage) operate another wrecker company in Faulkner County?

☐ No ☐ Yes. If yes, list the other area(s):

Are you currently on rotation or applying for rotation with any other agency in Faulkner County?

☐ No ☐ Yes. If yes, list the other area(s):

Do you share any facilities with any other wrecker company?

☐ No ☐ Yes. If yes, list the wrecker company:

I certify that all information provided on this application, driver information attachment(s), and the FCSO Towing Policy are true and correct, and no omissions have been made. I understand that giving false information to law enforcement, either verbally or in writing, is a Class A misdemeanor pursuant to Arkansas Code § 5-54-122.

I further understand that if my company is selected to provide services for the FCSO, the owner(s) will be required to provide proof of Traffic Incident Management (TIM) responder training within four (4) months as well as take the following National Incident Management System (NIMS) courses offered by Federal Emergency Management Agency (FEMA). These courses are free of charge, web based, and provide a consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents. Owner(s) will be required to provide proofs of NIMS training within four (4) months. If the company has already completed NIMS and/or TIM training, copies of certificates/training rosters will need to be included in the application packet.

1. IS 700 - National Management System (NIMS), An Introduction
2. ICS 100 - Introduction to Incident Command System (ICS)
3. ICS 200 - ICS for Single Resources and Initial Action Incidents

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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

## MUST BE SIGNED IN THE PRESENCE OF A NOTARY

\_\_\_\_\_  
Signature of Notary

State of: \_\_\_\_\_

County/City of: \_\_\_\_\_

Subscribed and sworn before me

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_