

ROTATION TOW LISTING APPLICATION

CHP 234A (Rev. 3-15) OPI 061

TYPE OR PRINT CLEARLY

CHP AREA

CHP AREA OF APPLICATION	CHP AREA NUMBER
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BUSINESS

BUSINESS NAME	CHP AREA NAME
BUSINESS ADDRESS	DAY PHONE NUMBER (INCLUDE AREA CODE)
BUSINESS MAILING ADDRESS IF DIFFERENT THAN ABOVE	NIGHT PHONE NUMBER (INCLUDE AREA CODE)
NUMBER OF YEARS IN TOWING BUSINESS	AUTOMOBILE CLUB AFFILIATE(S)

HAVE YOU OR ANYONE FINANCIALLY INVOLVED WITH YOUR COMPANY EVER BEEN CONVICTED OF ANY CRIME INVOLVING STOLEN OR EMBEZZLED VEHICLES, FRAUD RELATED TO THE TOWING BUSINESS, STOLEN OR EMBEZZLED PROPERTY, CRIMES OF VIOLENCE, SEXUAL CRIMES, DRUG RELATED OFFENSES, FELONY DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS, MISDEMEANOR DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS WHILE INVOLVED IN A CHP ROTATION TOW CALL, OR MORAL TURPITUDE?

YES NO

VEHICLE STORAGE

PRIMARY STORAGE YARD ADDRESS	<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED
SECONDARY STORAGE YARD ADDRESS	<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED
ADDITIONAL STORAGE YARD ADDRESS	<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> RENTED
OUTSIDE STORAGE CAPACITY	INSIDE STORAGE CAPACITY

FINANCIAL INTEREST

LEGAL OWNER (IF FIRM, COMPANY, ASSOCIATION OR CORPORATION, LIST ALL PERSONS HAVING FINANCIAL INTEREST)

DO YOU HAVE ANY FINANCIAL INTEREST IN ANY OTHER TOW COMPANY WITHIN THE LOCAL CHP AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST THE TOW COMPANY(S):
DOES ANY MEMBER OF YOUR FAMILY (RELATED BY BLOOD OR MARRIAGE) OPERATE ANOTHER TOW SERVICE IN THE LOCAL CHP AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST THE OTHER CHP AREA(S):
ARE YOU CURRENTLY ON ROTATION OR APPLYING FOR ROTATION WITHIN ANY OTHER CHP AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST THE OTHER CHP AREA(S):
DO YOU SHARE ANY FACILITIES WITH ANY OTHER TOW COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST THE OTHER TOW COMPANY(S):

RATES

	Class A	Class B	Class C	Class D
HOURLY RATE				
INSIDE STORAGE				
OUTSIDE STORAGE				
LABOR (NONSKILLED)				
SPECIAL EQUIPMENT (LIST)				
RENTAL/SKILLED LABOR MARKUP (%)				

TOW TRUCKS

CHECK CLASS(ES) APPLYING FOR AND INDICATE TOTAL NUMBER OF TRUCKS IN EACH CLASS.

<input type="checkbox"/> CLASS A (MINIMUM 14,000 GVWR)	NUMBER OF CLASS A TRUCKS:
<input type="checkbox"/> CLASS B (MINIMUM 33,000 GVWR)	NUMBER OF CLASS B TRUCKS:
<input type="checkbox"/> CLASS C (MINIMUM 52,000 GVWR)	NUMBER OF CLASS C TRUCKS:
<input type="checkbox"/> CLASS D (MINIMUM 54,000 GVWR)	NUMBER OF CLASS D TRUCKS:

COMMENTS

APPLICANT'S CERTIFICATION

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT, AND NO OMISSIONS HAVE BEEN MADE. THE OPERATOR IS ADVISED THAT GIVING FALSE INFORMATION TO A PEACE OFFICER, EITHER ORALLY OR IN WRITING, IS A MISDEMEANOR PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 20 AND 31.

SIGNATURE	PRINT NAME AND TITLE	DATE
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TO BE COMPLETED BY CHP

AREA APPROVAL

APPROVED DISAPPROVED

REMARKS (REQUIRED IF DISAPPROVED)

AREA COMMANDER'S SIGNATURE	I.D. NUMBER	DATE
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MAXIMUM RESPONSE TIME

	HOURS	CLASS A	CLASS B	CLASS C	CLASS D
DAY					
NIGHT					

AGREEMENT TERM

THE TERM OF THIS AGREEMENT SHALL COMMENCE ON _____ AND END ON _____

DIVISION APPROVAL (REQUIRED IF APPLYING FOR MULTIPLE AREAS)

APPROVED DISAPPROVED

REMARKS

DIVISION COMMANDER'S SIGNATURE	DATE
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