

WYOMING HIGHWAY PATROL BUSINESS INSPECTION REPORT

_____ BUSINESS NAME	_____ DBA
_____ ACTUAL BUSINESS ADDRESS	_____ CITY, STATE, ZIP
_____ PRIMARY YARD ADDRESS	_____ CITY, STATE, ZIP
_____ SECONDARY YARD ADDRESS (IF APPLICABLE)	_____ CITY, STATE, ZIP
_____ BUSINESS MAILING ADDRESS	_____ CITY, STATE, ZIP
_____ BUSINESS PHONE NUMBER	_____ AFTER HOURS PHONE NUMBER
_____ OWNER OF THE BUSINESS	_____ EMAIL ADDRESS

1. WHAT IS THE BUSINESS EIN FILING #: _____
2. A COPY OF THE INSURANCE DOCUMENTATION THAT IS ON FILE: WYDOT R&R CHAPTER 1, APPENDIX B, SECTION 9: YES NO **(IF NO, DO NOT CONDUCT BUSINESS INSPECTION)**
3. IS THERE A PLAINLY VISIBLE SIGN PLACED OUTSIDE THE BUSINESS FACILITY FOR CUSTOMERS TO SEE FROM THE STREET WHICH HAS THE COMPANY NAME: WYDOT R&R CHAPTER 1, APPENDIX B, SECTION 9, PARAGRAPH L: YES NO
4. OPERATED INDEPENDENTLY FROM ANY OTHER TOW AND RECOVERY BUSINESS OPERATION THAT IS ON THE SAME WYOMING HIGHWAY PATROL VOLUNTARY ROTATIONAL LIST: WYDOT R&R CHAPTER 1, APPENDIX B, SECTION 10: YES NO
5. EACH TOW TRUCK TO BE USED ON ROTATION HAS AN APPROVED DECAL AFFIXED ABOVE OR BELOW THE DRIVER'S SIDE AND INSPECTED BY THE WYOMING HIGHWAY PATROL: WYDOT R&R CHAPTER 1, APPENDIX B, SECTION 4, PARAGRAPH L: YES NO
6. HAS A UNIQUE: OPERATING AUTHORITY, PHONE NUMBER(S) FOR ROTATIONAL CALL-OUTS, ACTUAL PHYSICAL BUSINESS ADDRESS, BUSINESS FACILITY FROM ANY OTHER TOW AND RECOVERY COMPANY, MAILING ADDRESS, BUSINESS LICENSE, INSURANCE, POLICY, STORAGE FACILITY, EIN FILING #, AND TOWING EQUIPMENT: WYDOT R&R CHAPTER 1, APPENDIX B, SECTION 10, PARAGRAPH G: YES NO

7. ADEQUATE STAFFING FOR NORMAL BUSINESS OPERATIONS AND TOW TRUCK DRIVERS FOR 24-HOUR OPERATION: YES NO

8. VEHICLE STORAGE & DISPOSAL FACILITY LICENSE CURRENT: YES NO LICENSE #: _____ (NO REQUIRED) DOES FACILITY HAVE INSIDE STORAGE FOR VEHICLES: YES NO SIZE: _____

9. DOES BUSINESS USE SECONDARY STORAGE FACILITY USED: YES NO LICENSE #: _____ (NO REQUIRED) DOES FACILITY HAVE INSIDE STORAGE FOR VEHICLES: YES NO SIZE: _____

10. CURRENT RATES POSTED INSIDE THE BUSINESS FACILITY FOR PUBLIC OR AVAILABLE IN THE EVENT THEY ARE ASKED FOR: YES NO

** NUMBERS 11 & 12 BELOW ARE NOT REQUIRED BUT IF EQUIPPED, THE INFORMATION BELOW SHALL BE PROVIDED **

11. IS THERE AN ALARM SYSTEM IN PLACE: YES NO (COMPANY NAME: _____)

12. IS THERE A SURVEILLANCE SYSTEM IN PLACE THAT IS IN GOOD WORKING ORDER: YES NO WHERE IS VIDEO RECORDED TO: _____ LENGTH OF TIME RECORDING IS KEPT: _____

By signing below, I hereby certify that the above information is true and correct.

Owner/Manager: _____ Signature: _____ Date: _____

WHP Inspector: _____ Signature: _____ Date: _____