

Georgia Department of Public Safety MCCD, Regulations Compliance P.O. Box 1456 Atlanta, Georgia 30371-1456

(404) 624-7242 or (404) 624-7245

www.gamccd.net

INSTRUCTION SHEET: RENEWAL APPLICATION FOR NON-CONSENSUAL TOWING PERMIT

All sections of the application or applicable section of the Affidavit must be completed, and they must be signed (in blue ink) and notarized before submitting to DPS. Upon issuance, the Permit is valid for a period of twelve (12) months (through midnight of the expiration date). **Important Note**: Submission of an application does not entitle the applicant to any authority to remove and impound vehicles from private property; such authority is only granted upon the issuance of the permit by the Commissioner of the Georgia Department of Public Safety.

Applications must be mailed to:

Georgia Department of Public Safety MCCD, Regulations Compliance P.O. Box 1456 Atlanta, Georgia 30371-1456

Applications must be mailed with the following:

- Certificate of Insurance showing the Georgia Department of Public Safety as certificate holder.
- \$300.00 application fee (no company checks; **CERTIFIED FUNDS ONLY.**
- Proof of current Registration under the Unified Carrier Registration (UCR) or Georgia Intrastate Motor Carrier Registration (GIMC) Program
- Proof of current registration with the Georgia Secretary of State's Office.

Insurance Information

Attach a Certificate of Liability Insurance to the application. Certificates should show the Georgia Department of Public Safety as the certificate holder. The minimum coverage required by the DPS:

Public Liability and Property Damage Insurance

- \$100,000 limit for bodily injury to or death of one person;
- \$300,000 limit for bodily injuries to or death of total persons in one accident;
- \$50,000 loss or damage in any one accident to property of others.

Garage Keepers Legal Liability

• \$50,000 for stored vehicles and contents (certificate must state GKLL is for stored vehicles).

Application Fee

The application fee for the annual permit is \$300.00. The application must be accompanied by a cashier's check, certified check, or money order, made payable to the Georgia Department of Public Safety in the applicable amount as shown in the fee schedule below. Non certified funds such as company checks, personal checks, and cash are not accepted. Fees are non-refundable.

Applicant Information

All spaces must be filled in. Applications with blank spaces will be rejected.

Wrecker Service Information

You must provide the full legal name and trade name (if applicable), physical office address and mailing address, telephone number, fax number, e-mail address, and USDOT number (state or federal) of the wrecker service that will be performing the towing and storage. List the business hours impounded vehicles may be claimed by the vehicle owner. The Legal Business name on the application must be the same name as is shown on the Certificate of Liability Insurance. If the business is a corporation (Inc.) or limited liability corporation (LLC), please attach a copy of your articles and certificate of incorporation that are on file with the Secretary of State's Office.

Impoundment Facility Information

Provide the complete physical address, including county, of each secure impoundment facility to be utilized under this permit. All impoundment facilities must be operated under the same name and ownership as authorized on the permit. Each impoundment facility must meet the requirements in DPS Rule 570-36-.08 and maintain Garage Keeper's Legal Liability (GKLL) insurance on stored vehicles in the minimum amount of \$50,000. Additionally, an attendant must be available to provide reasonable access to any towed vehicle six days of each week. The attendant must be available by phone 24-hours per day.

Vehicle and Carrier Information

Provide the total number of vehicles operated and give an overview of the types of equipment. List your USDOT number (state or federal) and GA MCA #, which may be found on your Georgia Unified Carrier Registration (UCR). If you are an interstate carrier, list your ICC/MC number.

<u>IMPORTANT:</u> Your Non-Consensual Towing Permit will not be issued until DPS has verified that your company has <u>registered and is currently "Active"</u> under the <u>Unified Carrier Registration (UCR) or the Georgia Intrastate Motor Carrier Program</u> with the Georgia Department of Public Safety.

Rules and Regulations

The Rules and Regulations for the DPS Non-consensual Towing Permit can be found in Chapter 570-36 of the DPS Rules. Also see O.C.G.A. § 44-1-13 and O.C.G.A. § 40-1-11.

Towing and Storage Rates

The Commissioner of the Georgia Department of Public Safety has prescribed the rates and charges that may be assessed for vehicles removed from private property. The prescribed rates can be found in the Maximum Rate Tariff for Non-Consensual Towing. The prescribed rates include the amounts that can be charged for towing, storage, administration or notification fee, and after hour fees.

<u>NOTE:</u> Please be advised that Georgia Law allows only two exceptions for a towing operator to claim "Exempt Status" from the requirement to obtain a Non-Consensual Towing Permit:

- (1.) If you only perform towing from Government Property.
- (2.) If you only perform towing with the vehicle owner's or vehicle operator's consent

Please note: Owner means legal owner of record. Financial Institutions are deemed owner if they have full-filled the legal requirements to effect their rights to possession of the vehicle.

If you need assistance or additional information, please call us at 404-624-7242 or 404-624-7245.



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Atlanta, Georgia 30371-1456 (404) 624-7242 or (404) 624-7245

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| Permit Number: | Expires: | | | |
|--|---|---|---|--|
| RI | NEWAL APPLICATION | FOR NON-CONSENS | SUAL TOWING P | ERMIT |
| SECTION 1 - APPLIC | CANT INFORMATION | | | |
| Applicant's Legal Name | | | | |
| _ | (Ow | vner's name) | | (Cell Phone) |
| Mailing Address | | | | |
| _ | (Street Address) | (City) | (| (State) (Zip) |
| Email Address | | | | |
| Partners or | | | | |
| Other Officers _ | (E III) | (Titl (D. 11) | (N) N 1 | (F.M. 7) |
| | (Full Name) | (Title/Position) | (Phone Number) | (E-Mail) |
| _ | | | | |
| | (Full Name) | (Title/Position) | (Phone Number) | (E-Mail) |
| | | | | |
| Are you a citizen of the | | ☐ Yes ☐ No | | |
| | ide federal documentation, s der federal immigration lav | | rtment of Homeland | Security, of your lawful |
| presence in the 0.5. un | aer jeaerai immigration tav | CORPORATION | □ PAR' | TNERSHIP |
| SECTION 2 – COMPA | MPANY INFORMATION □ LLC □ D/B/A | | | |
| Business Name | | | | |
| Dusiness i tunic | | (Legal Busines | s Name) | |
| D1 | | · · · · | , | |
| Physical Address | (Street Address) | (City) | (State) (0 | County) (Zip) |
| | (Street Address) | (City) | (State) | county) (Zip) |
| Mailing Address | | (6':) | | |
| | (Address) | (City) | (State) (C | County) (Zip) |
| Business Phone | | | | |
| | | | | |
| | (Phone Number | r) (Fax Numb | er) | (Cell Phone) |
| Contact Person | (Phone Number | r) (Fax Numb | er) | (Cell Phone) |
| Contact Person | (Phone Number | (Title/Position) | (Phone Number) | (Cell Phone) (Cell Phone) |
| Contact Person US/GADOT No. | | (Title/Position) | | (Cell Phone) |
| US/GADOT No. Posted Business Hours | (Full Name) GA MCA No. may be claimed: DPS rules | (Title/Position) | (Phone Number) Business License No | (Cell Phone) |
| US/GADOT No. Posted Business Hours | (Full Name) GA MCA No. | (Title/Position) | (Phone Number) Business License No | (Cell Phone) |
| US/GADOT No. Posted Business Hours per week. Please mark | (Full Name) GA MCA No. may be claimed: DPS rules these six (6) days below: | (Title/Position) specify that you provide | (Phone Number) Business License Noreasonable access to | (Cell Phone) o vehicles six (6) days |
| US/GADOT No. Posted Business Hours per week. Please mark M T | (Full Name) GA MCA No. may be claimed: DPS rules | (Title/Position) | (Phone Number) Business License Noreasonable access to | (Cell Phone) |
| US/GADOT No. Posted Business Hours per week. Please mark | (Full Name) GA MCA No. may be claimed: DPS rules these six (6) days below: | (Title/Position) specify that you provide | (Phone Number) Business License Noreasonable access to | (Cell Phone) o vehicles six (6) days |
| US/GADOT No. Posted Business Hours per week. Please mark M T | (Full Name) GA MCA No. may be claimed: DPS rules these six (6) days below: W T | (Title/Position) specify that you provide | (Phone Number) Business License Noreasonable access to | (Cell Phone) o vehicles six (6) days SUN |

| | (If you have more than 2 secure impound facilities, list them separately) | | | | |
|--|--|--|------------------------------------|--|-----------------------|
| SECTION 3 – SECURE I | MPOUND FACILITY | | | | |
| 24-Hour Telephone Number for Attendant: () | | | | | |
| Physical Address of Impor | ınd Facility: | | | | |
| | | | | | |
| (Address) | (City) | | (State) | (County) | (Zip) |
| Telephone Number of Impo | ound Facility: (|) | | | |
| In compliance with state law | y, does the applicant own or | r lease the secu | re impoun | dment facility(s)? | □Yes □No |
| Estimated acreage or dimension | ns of impound facility(s): | | | | |
| Estimated maximum vehicle cap | pacity of impound facility: | □Indoo | or Storage | □Outdoor Storag | ge 🗆 Both |
| Describe all security equipment a | and procedures currently in pla | ce and operation | al at the Im | oound Facility: | |
| Type of fence | Overall heig | tht of fence (ft) | | Number of securi | ty lights |
| □Security Cameras □Alarm System | □Guard Dog(s) □Live on Premises | □Barbwire □Other: | □ 24-H | our Attendant | |
| Does applicant certify that | he/she is in compliance wi | | □Yes | □No | |
| Worker's Compensations | iaws of this state? | | | | |
| SECTION 3 – Continued (| 2 nd Impound Facility) | | | | |
| 24-Hour Telephone Numb | er for Attendant. (|) | | | |
| Physical Address of Impou | | , | | | |
| | ind Racility: | | | | |
| Thysical Address of Impor | ind Facility: | | | | |
| | • | (Stat | re) | (County) | (7in) |
| (Address) | (City) | (Stat | re) | (County) | (Zip) |
| (Address) Telephone Number of Impo | (City) ound Facility: () | <u> </u> | | • | • |
| (Address) | (City) ound Facility: () v, does the applicant own o | <u> </u> | | • | • |
| (Address) Telephone Number of Impo In compliance with state law Estimated acreage or dimension | (City) ound Facility: () y, does the applicant own of the impound facility (s): | r lease the secu | re impoun | dment facility(s)? | □ Yes □No |
| (Address) Telephone Number of Impo In compliance with state law Estimated acreage or dimension Estimated maximum vehicle ca | (City) ound Facility: () y, does the applicant own of the applicant own own of the applicant own own of the applicant own own of the applicant own of the applicant own own own of the applicant own | r lease the secu □Indoo | re impoun | dment facility(s)? □Outdoor Stor | □ Yes □No |
| (Address) Telephone Number of Importance in compliance with state law Estimated acreage or dimension Estimated maximum vehicle can be describe all security equipment as | (City) ound Facility: () y, does the applicant own on ns of impound facility(s): pacity of impound facility: and procedures currently in pla | r lease the secu □Indoo | re impoun or Storage al at the Imp | dment facility(s)? □Outdoor Store cound Facility: | □ Yes □No rage □Both |
| (Address) Telephone Number of Importance in compliance with state law Estimated acreage or dimension Estimated maximum vehicle car Describe all security equipment at type of fence | (City) ound Facility: () o, does the applicant own or ns of impound facility(s): pacity of impound facility: and procedures currently in pla | r lease the secu □Indoo ce and operation cht of fence (ft) | re impoun or Storage | dment facility(s)? □Outdoor Store cound Facility: Number of secur | □ Yes □No rage □Both |
| (Address) Telephone Number of Importance in compliance with state law Estimated acreage or dimension Estimated maximum vehicle can be describe all security equipment as | (City) ound Facility: () y, does the applicant own on ns of impound facility(s): pacity of impound facility: and procedures currently in pla | r lease the secu □Indoo | re impoun or Storage | dment facility(s)? □Outdoor Store cound Facility: | □ Yes □No rage □Both |
| (Address) Telephone Number of Importance in compliance with state law Estimated acreage or dimension Estimated maximum vehicle can be cribe all security equipment at type of fence Security Cameras | (City) ound Facility: () y, does the applicant own or ns of impound facility(s): pacity of impound facility: and procedures currently in pla Overall heig Guard Dog(s) | r lease the secu □Indoo ce and operation cht of fence (ft) □Barbwire | re impoun or Storage | dment facility(s)? □Outdoor Store cound Facility: Number of secur | □ Yes □No rage □Both |
| (Address) Telephone Number of Importance in compliance with state law Estimated acreage or dimension Estimated maximum vehicle can be cribe all security equipment at type of fence Security Cameras | (City) ound Facility: () y, does the applicant own or ns of impound facility(s): pacity of impound facility: and procedures currently in pla Overall heig Guard Dog(s) | r lease the secu □Indoo ce and operation cht of fence (ft) □Barbwire | re impoun or Storage | dment facility(s)? □Outdoor Store cound Facility: Number of secur | □ Yes □No rage □Both |
| (Address) Telephone Number of Importance in compliance with state law Estimated acreage or dimension Estimated maximum vehicle can be cribe all security equipment at type of fence Security Cameras | (City) ound Facility: () y, does the applicant own or ns of impound facility(s): pacity of impound facility: and procedures currently in pla Overall heig Guard Dog(s) | r lease the secu □Indoo ce and operation cht of fence (ft) □Barbwire | re impoun or Storage | dment facility(s)? □Outdoor Store cound Facility: Number of secur | □ Yes □No rage □Both |
| (Address) Telephone Number of Importance in compliance with state law Estimated acreage or dimension Estimated maximum vehicle can be cribe all security equipment at type of fence Security Cameras | (City) ound Facility: () y, does the applicant own or ns of impound facility(s): pacity of impound facility: and procedures currently in pla Overall heig Guard Dog(s) | r lease the secu □Indoo ce and operation cht of fence (ft) □Barbwire | re impoun or Storage | dment facility(s)? □Outdoor Store cound Facility: Number of secur | □ Yes □No rage □Both |

| SECTION 4 – VEHICLES OPERATE | D | | |
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| | | | |
| Total Number of Vehicles Operated | : 14 (CVIVID) 4 10 000 II | | |
| Number of Vehicles with a gross vehicle value of Vehicles | weight rating (GVWR) up to 10,000 lbs weight rating (GVWR) 10,001 to | | |
| Number of Vehicles with a gross vehicle | weight rating (GVWR) over 26,000 lbs. | | |
| Have you obtained your Unified Carrie | | | |
| Georgia Intrastate Motor Carrier Regis | | | |
| GA Dept. of Public Safety? If yes, attac Note: By law, private and for-hire motor of | | ☐ Yes | □ No |
| Unified Carrier Registration (UCR) Prog | | | |
| Please record and submit your specific | vehicle information on Page 6 of this app | olication | |
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MCCD, Regulations Compliance

VEHICLE LIST

PLEASE RECORD INFORMATION FOR ALL VEHICLES, INCLUDING TRAILERS, UTILIZED UNDER AUTHORITY GRANTED BY THE DEPARTMENT OF PUBLIC SAFETY. NOTE: IF A VEHICLE IS NOT ON THIS LIST IT IS NOT AUTHORIZED FOR USE UNDER THE AUTHORITY GRANTED.

| Vehicle Type | Unit Number | Vehicle Identification Number | Year & Make Of Vehicle |
|-----------------|----------------|----------------------------------|---------------------------|
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<u>Vehicle Type:</u> Enter as applicable: Motorcoach, bus, shuttle, van, limo, sedan, truck, tractor, trailer, etc.

| I, the undersigned, under penalty for false statement, | do hereby certify that information submitted in this application is true and correct | | |
|--|--|--|--|
| and that I am authorized to execute and file this document | ment on behalf of the above applicant. Pursuant to O.C.G.A. § 44-1-13, the | | |
| Georgia Department of Public Safety is authorized to | impose a civil penalty for any violation in an amount not exceed \$2,500.00. | | |
| Subscribed and sworn to before me, | (Signature of applicant or authorized person – USE BLUE INK) | | |
| this day of, 20, | | | |
| | (Title) | | |
| | (Telephone Number) | | |
| Notary Signature (USE BLUE INK) and Seal | | | |
| My Commission Expires: | | | |
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