



**TOW TRUCK
APPLICATION**

Business/Tow Truck Information

Name of Company (Registered and Operating as)	Check one: Renewal _____ New _____ Transfer _____
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Business Address (Street number and name)

City	Postal Code	Telephone	Fax
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E-mail Address

Tow Truck Registered Owner	Tow Truck Owner Main Contact
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Leasing Company	Leasing Company Telephone
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Year/Make	Model	Color
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VIN	ON Plate	Township Plate
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Date of MTO Annual Inspection	Business Name of MTO Annual Inspection Station
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Insurance Provider	Policy Number	Phone Number
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I hereby verify that the information provided herein is true and by signing this application I agree to conform to all applicable laws, I understand that failing to do so may result in fines or revocation of my licence.

Signature of Tow Truck Owner

Date

Received By

Date