



**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: 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 (**CERTIFIED FUNDS ONLY; No company checks**)
- Proof of current Registration under the Unified Carrier Registration (UCR) Program or Georgia Intrastate Motor Carrier Registration (GIMC) Program, as applicable.
- Incorporated/LLC Carriers: Articles of Incorporation/Certificate of Organization and 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 570-6-1-.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.

IMPORTANT: Your Non-Consensual Towing Permit will not be issued until DPS has verified that your company has **registered and is currently "Active"** under the **Unified Carrier Registration (UCR) or the Georgia Intrastate Motor Carrier Program (GIMC)** 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 570-6 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.

NOTE: *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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APPLICATION FOR NON-CONSENSUAL TOWING PERMIT

SECTION 1 – APPLICANT INFORMATION

**Applicant's
Legal Name**

_____ (Owner's name) _____ (Cell Phone)

Mailing Address

_____ (Street Address) _____ (City) _____ (State) _____ (County) _____ (Zip)

Email Address

Partners or

Other Officers

_____ (Full Name) _____ (Title/Position) _____ (Phone Number) _____ (E-Mail)

_____ (Full Name) _____ (Title/Position) _____ (Phone Number) _____ (E-Mail)

Are you a citizen of the United States? Yes No

If "No," you must provide federal documentation, verified by the U.S. Department of Homeland Security, of your lawful presence in the U.S. under federal immigration law.

SECTION 2 – COMPANY INFORMATION

- CORPORATION PARTNERSHIP
 LLC D/B/A

Business Name

_____ (Legal Business Name)

Physical Address

_____ (Street Address) _____ (City) _____ (State) _____ (County) _____ (Zip)

Mailing Address

_____ (Address) _____ (City) _____ (State) _____ (County) _____ (Zip)

Business Phone

_____ (Phone Number) _____ (Fax Number) _____ (Cell Phone)

Contact Person

_____ (Full Name) _____ (Title/Position) _____ (Phone Number) _____ (Cell Phone)

US/GADOT No. _____ **GA MCA No.** _____ **Business License No.** _____

Posted Business Hours may be claimed: DPS rules specify that you provide reasonable access to vehicles six (6) days per week. Please mark these six (6) days below:

M		T		W		T		F		SAT		SUN	
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Business Hours:

(If you have more than 2 secure impound facilities, list them separately)

SECTION 3 – SECURE IMPOUND FACILITY

24-Hour Telephone Number for Attendant: ()

Physical Address of Impound Facility:

(Address)

(City)

(State)

(County)

(Zip)

Telephone Number of Impound Facility: ()

In compliance with state law, does the applicant own or lease the secure impoundment facility(s)? Yes No

Estimated acreage or dimensions of impound facility(s):

Estimated maximum vehicle capacity of impound facility: Indoor Storage Outdoor Storage Both

Describe all security equipment and procedures currently in place and operational at the Impound Facility:

Type of fence Overall height of fence (ft) Number of security lights

Security Cameras Guard Dog(s) Barbwire 24-Hour Attendant
 Alarm System Live on Premises Other:

Does applicant certify that he/she is in compliance with the Worker's Compensations laws of this state? Yes No

SECTION 3 – Continued (2nd Impound Facility)

24-Hour Telephone Number for Attendant: ()

Physical Address of Impound Facility:

(Address)

(City)

(State)

(County)

(Zip)

Telephone Number of Impound Facility: ()

In compliance with state law, does the applicant own or lease the secure impoundment facility(s)? Yes No

Estimated acreage or dimensions of impound facility(s):

Estimated maximum vehicle capacity of impound facility: Indoor Storage Outdoor Storage Both

Describe all security equipment and procedures currently in place and operational at the Impound Facility:

Type of fence Overall height of fence (ft) Number of security lights

Security Cameras Guard Dog(s) Barbwire 24-Hour Attendant
 Alarm System Live on Premises Other:

SECTION 4 – VEHICLES OPERATED

Total Number of Vehicles Operated

Number of Vehicles with a gross vehicle weight rating (GVWR) up to 10,000 lbs

Number of Vehicles with a gross vehicle weight rating (GVWR) 10,001 to 26,000 lbs

Number of Vehicles with a gross vehicle weight rating (GVWR) over 26,000 lbs.

Have you obtained your Unified Carrier Registration (UCR) or your Georgia Intrastate Motor Carrier Registration (GIMC) through the GA Dept. of Public Safety? If yes, attach copy to application.

Yes

No

Note: By law, private and for-hire motor carriers must register under the Unified Carrier Registration (UCR) Program.

Please record and submit your specific vehicle information on Page 6 of this application

See Next Page

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

Vehicle Type: *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 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,

this ____ day of _____,
20 _____,

(Signature of applicant or authorized person – USE BLUE INK)

(Title)

(Telephone Number)

Notary Signature (USE BLUE INK) and Seal

My Commission Expires: _____