



State of Oklahoma
 Department of Public Safety
WRECKER SERVICES DIVISION

NOTIFICATION FOR NEW WRECKER DRIVER
 INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED

1. Name _____ Date of Birth _____
 (Include any nicknames or aliases)
2. Address _____
 Address City State Zip
3. Drivers License No. _____ State _____ Date Hired _____
4. Wrecker Service _____ DPS# _____
 Name and Address
5. Have you ever worked for a wrecker service Yes No
 If Yes, specify most recent wrecker service: _____ DPS# _____
6. Have you ever been denied, revoked or suspended from working for a wrecker service in this or any other state?
 Yes No If Yes, explain:
7. Have you ever been convicted of a felony? Yes No If Yes, complete the following:
 Where? When? Federal or State
 Convicted of : _____

The Department of Public Safety has the authority to verify independently the accuracy of your response.

I agree to abide by the Laws and Rules of the Oklahoma Department of Public Safety, Wrecker Services Division. I certify under penalty of perjury that the answers and information contained herein are true and correct. I understand that application may be denied, revoked or suspended for any material misstatement of fact.

Signature _____ Date _____
 Applicant

WRECKER OWNER'S ENDORSEMENT

I have read the foregoing answers by the above Applicant and believe them to be true to the best of my knowledge. This Applicant, Representing My Wrecker Service, is recommended as trustworthy and a person who will abide by the provisions of the laws and the rules and regulations governing wrecker services, and is being employed for the undersigned employer.

Signature _____ Title _____ Date _____

 Type or Print Name

 Name of Wrecker Service and DPS#

- 595:25-3-1. General requirements**
(17) Wrecker drivers. Wrecker services shall notify the Wrecker Services Division within ten (10) days of hiring or termination of employment of any wrecker driver.

Fax form to Wrecker Services Division - (405) 425-2031
You may also email form to wrecker@dps.state.ok.us