



Tow Rotation Application

Unified Police Department 2025-2026

This application is **REQUIRED** to be completed and submitted in person, or by mail (**emailed copies WILL NOT be accepted**) by any company staff member to Unified Police Department's main office by June 5th at 4:00pm regardless of submitting a hard copy with all required documents or Unified Police Department's website. All signed agreements by company owner(s), staff, and operators must be attached and submitted with this application.

If the application and/or signed agreements are not submitted via in-person or by mail by June 5th at 4:00pm, this will result in the company from being disqualified from the 2025-2026 Unified Police Department Tow Rotation.

If you have any questions or concerns, please contact us at updtow@unifiedpoliceut.gov or 385-468-9717

Respectfully,

Lisa Slaymaker and Ranell Erickson

Towing Coordinators

Company Name

2025-2026
Unified Police Department
Tow Rotation
Application

Office Use Only

Receipt Number:

Tow Badges Picked-Up:

Yes

No

Decals Picked-Up:

Yes

No

Company Information

Business Name:

Email Address:

Business Phone:

Dispatch Phone:

Physical Address:

Mailing Address:

Zone Request

Regular Rotation:

Select Only One

Zone One

Zone Two

Zone Three

Specialty Rotation:

4X4

Canyons

Heavy Duty

Motorhomes

Business Owners

Full Name:

Date of Birth:

Work Number:

Cell Phone:

Home Address:

UDOT Expiration Date **OR** BCI Report Date:

Full Name:

Date of Birth:

Work Number:

Cell Phone:

Home Address:

UDOT Expiration Date **OR** BCI Report Date:

Company Name

2025-2026
Unified Police Department
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Managers, Office Staff & Other Employees

Attach additional sheets if necessary

Full Name:

Date of Birth:

Work Phone:

Cell Phone:

Home Address:

Driver's License Number:

Include issuing state

Driver's License Expiration Date:

UDOT Expiration Date **OR** BCI Report Date:

Signed Agreement:

Yes

No

Full Name:

Date of Birth:

Work Phone:

Cell Phone:

Home Address:

Driver's License Number:

Include issuing state

Driver's License Expiration Date:

UDOT Expiration Date **OR** BCI Report Date:

Signed Agreement:

Yes

No

Full Name:

Date of Birth:

Work Phone:

Cell Phone:

Home Address:

Driver's License Number:

Include issuing state

Driver's License Expiration Date:

UDOT Expiration Date **OR** BCI Report Date:

Signed Agreement:

Yes

No

Office Use Only

Original BCI / UDOT Certificate Attached:

Towing Coordinator Initials:

Signed Staff Agreement Attached:

Company Name

2025-2026
Unified Police Department
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*** Include Business Owners also functioning as Operators***

Tow Truck Operators

Full Name:

Date of Birth:

Work Phone:

Cell Phone:

Home Address:

Driver's License Number:

Include issuing state

Medical Card Expiration Date:

Driver's License Expiration Date:

UDOT Expiration Date:

Wrecker Certificate Type:

Signed Agreement: Yes No

Expiration Date:

Receipt Number:

Office Use Only

Full Name:

Date of Birth:

Work Phone:

Cell Phone:

Home Address:

Driver's License Number:

Including issuing state

Medical Card Expiration Date:

Driver's License Expiration Date:

UDOT Expiration Date: Yes No

Wrecker Certificate Type:

Signed Agreement:

Expiration Date:

Receipt Number:

Office Use Only

Office Use Only

Tow Badges Picked Up:

Signed Operator Agreement Added::

Receipt Added:

Towing Coordinator Initials:

Company Name

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Tow Trucks

Vehicle Year:	VIN:	Wheel Lift Only
Vehicle Make:	License Plate Number:	Flat Bed
Vehicle Model:	Registration Exp Date:	4x4
Vehicle Color:	UDOT Expiration Date:	Heavy Duty

Office Use Only

Decal Number:
Signed Decal Sheet:
Towing Coordinator Initials:

Will this truck be used on any specialty rotation? If yes, please state which rotation(s):

Vehicle Year:	VIN:	Wheel Lift Only
Vehicle Make:	License Plate Number:	Flat Bed
Vehicle Model:	Registration Exp Date:	4X4
Vehicle Color:	UDOT Expiration Date:	Heavy Duty

Office Use Only

Decal Number:
Signed Decal Sheet:
Towing Coordinator Initials:

Will this truck be used on any specialty rotation? If yes, please state which rotation(s):

Vehicle Year:	VIN:	Wheel Lift Only
Vehicle Make:	License Plate Number:	Flat Bed
Vehicle Model:	Registration Exp Date:	4X4
Vehicle Color:	UDOT Expiration Date:	Heavy Duty

Office Use Only

Decal Number:
Signed Decal Sheet:
Towing Coordinator Initials:

Will this truck be used on any specialty rotation? If yes, please state which rotation(s):

Company Name

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Storage Yards

UDOT Yard Number:

On-Site Operator Name:

Business License City:

Business License Exp Date:

Yard Phone Number:

Tax Commission Exp Date:

Yard Address:

Central Office Approved ?

Motor Carrier Expiration Date:

If yes, please list
the address:

UDOT Yard Number:

On-Site Operator Name:

Business License City:

Business License Exp Date:

Yard Phone Number:

Tax Commission Exp Date:

Yard Address:

Central Office Approved ?

Motor Carrier Expiration Date:

If yes, please list
the address:

UDOT Yard Number:

On-Site Operator Name:

Business License City:

Business License Exp Date:

Yard Phone Number:

Tax Commission Exp Date:

Yard Address:

Central Office Approved?

Motor Carrier Expiration Date:

If yes, please list
the address:

Company Name