



# Facility & Equipment Requirements for Base Towing and Towing & Recovery Plus

LEGAL BUSINESS NAME		OPERATING NAME (dba)	VENDOR NUMBER
FACILITY ADDRESS		DISPATCH EMAIL	
PHONE	FAX	CONTACT EMAIL	

## Base Towing Requirements

TYPE OF FACILITY <input type="checkbox"/> Secure permanent and structurally sound continuous fenced compound (storage yard) (6 foot height with 12 inch barbed/razor wire atop) - OR - <input type="checkbox"/> Storage facility (building is enclosed and secure)			
SIGNAGE – COMPOUND <input type="checkbox"/> Tow company name & callout number displayed <input type="checkbox"/> Signage is visible and secured to gate or fence		STAFF ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No	CALLOUT FEE <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNAGE – STORAGE FACILITY <input type="checkbox"/> Tow company name & callout number displayed <input type="checkbox"/> Signage is visible and secured to gate or fence		STAFF ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No	CALLOUT FEE <input type="checkbox"/> Yes <input type="checkbox"/> No

## Towing & Recovery Plus Requirements

<input type="checkbox"/> Office staffed at main storage facility/compound during regular business hours (photo of office)	<input type="checkbox"/> Capable of towing & recovering all vehicles up to and including Category II
<input type="checkbox"/> Digital camera (min. 1.3 MPIX capable of 640x480 resolution with macro)	<input type="checkbox"/> Storage facility/compound has own exterior lighting that illuminates storage area
<input type="checkbox"/> Professional uniforms displaying company name	

## Towing Vendor Safety Questionnaire

Do you have an active health and safety program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all your tow operators trained in your company's work safe procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When traffic control is required, are traffic controllers certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have all your tow operators received hazard assessment training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your tow operators have access to a shift supervisor or an emergency contact if additional assistance is required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do all your tow operators have appropriate safety gear (e.g., gloves, steel toed boots, hard hats, high visibility vests)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Photo Checklist

Digital photos of premises including: <input type="checkbox"/> Signage consistent with operating name <input type="checkbox"/> External view – from street showing business signage <input type="checkbox"/> Digital photos of all vehicles (front, back, side view and include license plate) <input type="checkbox"/> Inside view – showing office/main working area <input type="checkbox"/> Required tools and equipment <input type="checkbox"/> Compound (storage yard) fencing OR secured storage (building)	<input type="checkbox"/> Fencing (including razor wire atop) <input type="checkbox"/> Professional uniforms displaying company name (T&R+ only) <input type="checkbox"/> Exterior lighting (T&R+ only) Number of tow stalls available: _____ Size of premises in square feet: _____ Office/Reception area self-contained: <input type="checkbox"/> yes <input type="checkbox"/> no
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By signing below, you hereby agree the information provided is accurate and your facility, as a service provider to ICBC, has read and understands the requirements and possesses all required tools and equipment.

_____ SIGNATURE (Signing Officer)	_____ POSITION	_____ DATE
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## To be completed and approved by an ICBC Representative

DATE COMPLETED (ddmmyyyy)	ICBC RESOURCE	ICBC REPRESENTATIVE	SERVICING CLAIM CENTRE CC
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LEGAL BUSINESS NAME	OPERATING NAME (dba)	VENDOR NUMBER
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**Important:** Fleet must have at least one class IV chassis or higher (e.g. Dodge 4500, Ford F450) weight capacity towing and recovery vehicle which is licenced and insured, is equipped with dual rear wheels, a hydraulic underlift or wheel lift, and a hydraulic extendable boom.

**Vehicles** (List all registered and insured vehicles at this location.)

\*Refer to the Towing & Storage Rate Payment Schedule

UNIT NUMBER	LICENCE PLATE NUMBER	REGISTRATION NUMBER	PLEASE CHECK ALL THAT APPLY:
YEAR	MAKE	MODEL	<input type="checkbox"/> Wrecker <input type="checkbox"/> Hydraulic extendable boom <input type="checkbox"/> Single rear axle <input type="checkbox"/> Flatdeck <input type="checkbox"/> Rotating hydraulic boom <input type="checkbox"/> Tandem drive rear axle <input type="checkbox"/> Transport trailer <input type="checkbox"/> Sliding extendable boom <input type="checkbox"/> Tri-drive rear axle <input type="checkbox"/> Highway tractor <input type="checkbox"/> Sliding rotating hydraulic boom <input type="checkbox"/> Traffic control/ service vehicle <input type="checkbox"/> Wheel lift/underlift
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