



Fields marked with an asterisk (*) are mandatory.

1. Introduction

The Ontario Provincial Police (OPP) requires a Tow and Storage Service Operator (TSSO) to submit an ON 00297 Tow and Storage Service Operator Application to be considered for the OPP Provincial Tow Program (PTP). Participation in the PTP is voluntary.

A TSSO, by agreeing to participate in the program, does not establish a contractual relationship with the OPP and is not acting as an agent for the OPP when performing services. The Provincial Tow Program Agreement (PTPA) contains terms and conditions that a TSSO agrees to comply with in order to maintain their inclusion in the PTP.

2. Tow Zone Area

OPP Detachment applying to * ([Find your Detachment](#))

Have you applied to other OPP detachments? *

Yes No

1. Other OPP Detachment applying to

2. Other OPP Detachment applying to

3. Other OPP Detachment applying to

4. Other OPP Detachment applying to

3. Provincial Tow Program Application

Operating Name *

Commercial Vehicle Operator Registration (CVOR). Attach copy of current CVOR operator abstract.

CVOR Number *

Business Address

Unit Number	Street Number *	Street Name *	PO Box
City/Town *		Province *	Postal Code *
Telephone Number *		Extension	

Secure Storage Address

Attach photos of Secure Storage e.g. signage, perimeter fencing, lock mechanism, lighting etc.

Unit Number	Street Number *	Street Name *	PO Box
City/Town *		Province *	Postal Code *

Liability Insurance-which covers stored vehicles and contents, must be maintained on the storage lots, in compliance with the *Consumer Protection Act – s. 65.7. Attach proof of insurance.*

Insurance Company *

Liability Coverage *

Does the compound meet the Provincial Tow Program requirements? *

Yes No

Business Owner(s)

Please attach additional entries on separate sheet.

Business Owner 1

Last Name *	First Name *	Middle Initial
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Residential Address

Unit Number	Street Number *	Street Name *	PO Box
City/Town *	Province *		Postal Code *

Business Owner 2

Last Name *	First Name *	Middle Initial
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Residential Address

Unit Number	Street Number *	Street Name *	PO Box
City/Town *	Province *		Postal Code *

4. Tow Truck Drivers

Please attach additional entries on separate sheet.

Tow Truck Driver 1

Last Name *	First Name *	Middle Initial
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Tow Truck Driver photo ID Information. Attach copy of current Drivers Licence for listed drivers.

Drivers Licence Number *

Tow Truck Driver 2

Last Name *	First Name *	Middle Initial
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Tow Truck Driver photo ID Information. Attach copy of current Drivers Licence for listed drivers.

Drivers Licence Number *

5. Vehicle Information

Attach copy of Permit (ownership) and photo of Commercial Motor Vehicle (CMV) for each vehicle.

Please attach additional entries on separate sheet.

Vehicle Information 1

Plate *	Make *	Year *
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Vehicle Information 2

Plate *	Make *	Year *
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6. Waiver

I certify that the information submitted in this application is true and correct to the best of my knowledge. *

Name (Last, First Name) *	Position *
Signature	Date (yyyy/mm/dd) *

7. Application Check List

Valid proofs of the following have been attached *

- All valid insurances
- CVOR number used to operate TSSO
- Current CVOR abstracts for TSSO and drivers
- Driver's licences for all drivers and TSSO who will operate tow trucks
- Annual inspections certificates for vehicles provided
- Photos of secure storage area
- Photos of vehicle
- Completed criminal record check