



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	<input type="checkbox"/> Has vehicle storage capacity of 4 to 1 (four spaces for each tow vehicle)

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
---	---

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
--------------------------------------	-------------------	---------------

To be completed and approved by an ICBC Representative

DATE COMPLETED (ddmmyyyy)	ICBC RESOURCE	ICBC REPRESENTATIVE	SERVICING CLAIM CENTRE CC
---------------------------	---------------	---------------------	------------------------------

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

Vehicles (All registration and insurance documents for each tow vehicle used at **this** location must be supplied.)

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

UNIT NUMBER	INSPECTION NUMBER	PLEASE CHECK ALL THAT APPLY:		
LICENCE PLATE NUMBER		<input type="checkbox"/> Single rear axle	<input type="checkbox"/> Wheel lift	<input type="checkbox"/> Traffic control vehicle
REGISTRATION NUMBER		<input type="checkbox"/> Tandem drive rear axle	<input type="checkbox"/> Rotating hydraulic boom	<input type="checkbox"/> Light duty*
		<input type="checkbox"/> Tri-drive rear axle	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Medium duty*
		<input type="checkbox"/> Wrecker body	<input type="checkbox"/> Transport trailer	<input type="checkbox"/> Light Heavy duty*
		<input type="checkbox"/> Hydraulic extendable boom	<input type="checkbox"/> Highway tractor	<input type="checkbox"/> Heavy duty*

*Refer to the Towing and Storage Rate Payment Schedule.