



Louisiana Public Service Commission

Located at 602 North Fifth Street; Baton Rouge, LA 70802

Mailing Address PO Box 91154; Baton Rouge, LA 70821

Transportation Division: (888) 342-5717

TO: ALL LOUISIANA NON-CONSENSUAL TOWING & RECOVERY SERVICES

Pursuant to R.S. 45:180.1 no motor carrier shall operate as a common carrier wrecker or towing service without having first obtained from the Commission a common carrier certificate. COMMON CARRIER CERTIFICATE means a certificate issued to motor carriers, including wrecker or towing services operating statewide, under R.S. 45:180.1.

Please note the following information relative to the regulation of non-consensual towing/recovery services by the Louisiana Public Service Commission. If you perform any towing/recovery services within Louisiana without the prior consent or authorization of the owner or operator, you must obtain common carrier authority from the Louisiana Public Service Commission.

APPLICATION PROCESS & FILINGS REQUIRED PRIOR TO ISSUANCE OF CERTIFICATES

Application must be filed in the Commission's office, Galvez Building, 602 N. 5th St., Baton Rouge, Louisiana 70802. (Mailing address is P.O. Box 91154, Baton Rouge, Louisiana 70821-9154.) The application must be completed, signed and notarized.

- The original application must be submitted along with:
 - A letter from an insurance company (or agent) authorized to do business in Louisiana, stating they will write the required insurance coverage for your company. [A Form E, Bodily Injury and Property Damage, (As described in "General Information 1" below) is required and must be made within thirty (30) days from the date application was received by the Commission.]
 - Applicant's name on the application must be the FULL AND CORRECT LEGAL NAME of the company which should be stated in any one of the following ways.
 - **John Smith**
 - **John Smith dba Smith's Towing Company** (dba means "doing business as")
 - **Smith's Towing Company, Inc.** (or any other non-person entity LLC, LTD, LP etc.....)
If applicant is a corporation, must attach a copy of your Secretary of State paperwork, show Federal EIN, and a list of the full legal names of the Officers and/or Members of said corporation.
 - Applicants domiciled out-of-state must show principal location or locations in Louisiana from which operations will be conducted. If application is granted, such carriers must furnish designation of agent for service of process in Louisiana.
 - Application filing fee. \$200.00 **NON-REFUNDABLE**
 - Applicant must complete & submit Form T-44 for registration and purchase of identification stamps for each vehicle in fleet **prior** to operation and include a SEPARATE check for those fees.

GENERAL INFORMATION

1. INSURANCE

Pursuant to R.S. 45: 163 (D) the commission shall require the following policies of insurance:

Public liability and property damage insurance for tow trucks or wreckers providing coverage of not less than **five hundred thousand dollars** combined single limits coverage. These insurance policies shall be written by companies qualified to do business in this state.

The required proof of insurance shall be the filing of a Form E, Bodily Injury and Property Damage Certificate of Insurance, by the Insurance Underwriter of the policy which must be received thirty (30) days from the date application was received. The name and address on the Form E and name and address on the application for authority must match **exactly**.

2. RATES AND CHARGES

Motor carriers operating under a Towing & Recovery certificate shall follow the rates set forth by the Louisiana Public Service Commission General Orders. (Copies of these orders may be found on our website <http://lpsc.louisiana.gov> and will be mailed with your certificate of authority)

3. MERGER OF DUPLICATE OPERATING RIGHTS

“No motor carrier shall be permitted to hold more than one certificate granting the same authority in the same territory or over the same route. When a motor carrier holding operating authority acquires by purchase or leases another similar authority, the two shall be merged into one and both authorities reissued to the carrier as one. Should a certificate holder acquire additional rights which overlap the rights already held by him to some extent, that portion of the rights which overlap his original rights shall be merged into the original grant of authority.”

4. SUSPENSION RIGHTS OR CHANGES TO COMPANY INFORMATION

Suspension - If a carrier's business will be dormant for a short period of time, they may request a suspension of authority in writing. The letter must be notarized and give detail as to why the business is dormant, before the LPSC will consider granting such a request.

Changes To Company Information - If a carrier's company information, such as name, address, contact information or any other relevant information, changes it is the CARRIERS responsibility to make those changes with the Commission in writing using the proper forms which may be obtain by contacting the LPSC's main office.

5. ANNUAL REPORTS AND QUARTERLY REPORTS

All intrastate carriers subject to regulation by the LPSC are **REQUIRED** to file Annual Reports with the Transportation Division and are also assessed Inspection and Supervision fees quarterly which are collected by the Department of Revenue. More detailed information will be provided with your Common Carrier Certificate.



LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821

(888) 342-5717 or (225) 342-4439

NON-CONSENSUAL TOWING & RECOVERY SERVICES

BUSINESS ENTITY'S INFORMATION

SECTION 1

Business Entity Name:		
DBA: (Including any doing business as "dba" name)		
Business Entity's Authorized Representative:		
Business Address:		
City:	State:	ZIP Code:
Mailing Address:		
City:	State:	ZIP Code:
Telephone # (Include Area Code):	Fax # (Include Area Code):	
Email Address (Optional):	Cell # (Include Area Code):	
FEIN #: <input type="text"/> <input type="text"/> - <input type="text"/>	OR	SS# <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Check one box: <input type="checkbox"/> Private Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation or LLC Date of Incorporation/LLC _____ and State of Incorporation/LLC _____ (If Incorporated or an LLC, Ltd etc. attach a copy of your Secretary of State paperwork)		
List Names of Members and/or Officers Below and check one box to indicate title.		
1.	<input type="checkbox"/> PRESIDENT <input type="checkbox"/> MEMBER	
2.	<input type="checkbox"/> VICE- PRESIDENT <input type="checkbox"/> MEMBER	
3.	<input type="checkbox"/> SECRETARY <input type="checkbox"/> MEMBER	
COMPANY TAX REPORTING YEAR (Check ONLY one box)		
<input type="checkbox"/>	Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year.	
<input type="checkbox"/>	Company's Tax reporting year is on a FISCAL basis reporting from _____ to _____ each year. Month/Day Month/Day	

EQUIPMENT and TERMINALS

SECTION 2

<input type="checkbox"/> Applicant proposes to commence operations with the vehicles listed on the attached Form T-44, and has included the \$10.00 per vehicle fee.		
Petitioner proposes to commence operations from the following LOUISIANA TERMINAL/LOCATION(S): <small>Address other than those listed in Business Entity Information Section 1 (If additional space is needed, attach a separate sheet listing each location)</small>		
Additional location address:		
City:	State:	ZIP Code:

Petitioner agrees to comply with all provisions of the law and the rules and regulations of the Louisiana Public Service Commission respecting the operation of public service motor vehicles and to file such evidence of insurance or bonds as may be required by law and by the rules and regulations of the said Louisiana Public Service Commission prior to commencement of operations.

VERIFICATION

SECTION 3

State of _____ County/Parish of _____

_____, being duly sworn, deposes and says:
(Applicant's Printed Name)

That he/she is the APPLICANT in the above application; that he/she desires to secure from the Louisiana Public Service Commission a Common Carrier Certificate or Contract Carrier Permit as stated, authorizing the applicant to operate as **NON-CONSENSUAL TOWING & RECOVERY SERVICE**; and that he/she has read same and is familiar with the contents thereof and that facts as stated therein are true and correct, and to the best of his/her knowledge. FURTHERMORE, APPLICANT agrees to comply with all provisions of the law and the rules and regulations of the Louisiana Public Service Commission prior to commencement of operations and continuously thereafter.

<p>_____ Notary Public Printed Name</p> <p>Subscribed in my presence and sworn to before me by the affiant above named this _____ day of _____, 20____.</p> <p>_____ Notary Public Signature & Seal</p>	<p>_____ (Applicant's Signature)</p> <p>_____ (Title)</p>
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LPSC OFFICE USE ONLY

Staff Approved _____ Date _____

T-44 Form



Louisiana Public Service Commission

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COMPANY NAME
(as shown on application)

D/B/A
(if applicable)

MAILING
ADDRESS

CITY

STATE

ZIP

TELEPHONE
NUMBER:

FAX
NUMBER:

EMAIL
ADDRESS:

NUMBER OF VEHICLES

PER VEHICLE FEE

AMOUNT

Intrastate LPSC Identification Stamp(s)

\$10.00

\$

Total made payable to:
Louisiana Public Service Commission

Louisiana law (LRS 45:169) requires every common and contract motor carrier transporting household goods, waste, or passengers or (LRS 45:180.1(D))operating as a wrecker/tow service under authorities from this commission must be identified, including leased vehicles, by having a current identification stamp affixed to a cab card in the vehicles prior to operation.

No schedule or list of vehicles is required. Stamps are unassigned and should be affixed to an intrastate cab card completed by the carrier with vehicle specific information for each of his vehicles. Carrier may order any number of stamps to provide for current or anticipated needs. A new registration stamp and cab card must be purchased each year.

I, undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document of behalf of the above applicant. (Federal penalties, maximum of \$10,000 or imprisonment for 5 years, or both, 18 U.S.C. 1001: State penalties as prescribed by law)

Signature & Title

Date