

**Georgia Department of Transportation
Towing and Recovery Incentive Program
Metro Atlanta**

APPLICATION for TRIP

Please print or type and include additional sheets if required.

Date of application: _____

Company Information

Name of Company: _____

Please circle: Sole proprietorship, Partnership, Corporation, Joint Venture or LLC

Business address: _____

Date this company began operating under this name: _____ In what city: _____

Business phone (Daytime) _____ FAX _____

24 hour phone: _____

E-Mail: _____

Federal Employer ID # _____

Names of ultimate equitable Owner/Owners or Corporate Officers:

_____ Years in Heavy Duty Towing & Recovery _____

_____ Years in Heavy Duty Towing & Recovery _____

_____ Years in Heavy Duty Towing & Recovery _____

_____ Years in Heavy Duty Towing & Recovery _____

Business location where equipment is stationed:

1. _____
2. _____

Does the applicant own or lease the business buildings and/or adjoining land at each of these sites? Please explain _____

If leased, give the owners name and address and term of the lease or leases.

Name	Address	Length of Lease	Lease Expiration Date	Available for renewal?

How long has the heavy towing and recovery business been operating at this location?

Is the garage used as a commercial vehicle repair facility? _____

If yes, name of business _____

List Hours and Days of Operation for Garage and Tow Yard Office:

Garage: _____

Tow Yard Office: _____

Size of secure storage yard _____ Is it fenced? _____

Describe security measures: _____

Indicate the closest access point and entrance ramp to the Interstate and the route to get there from your tow yard or garage: (can attach map)

Distance from yard/garage to this access point _____ (Miles and tenths)

Estimated travel time to this access point between 5:30 am and 7:00 pm Monday –
Friday: _____ minutes; All other times: _____ minutes.

Has the COMPANY participated in or hosted any multi-agency training sessions or drills
with local Fire-Rescue, EMS, Haz-Mat, Public Safety or DOT agencies? _____

If yes, list type of exercise, dates and locations

- _____
- _____
- _____

Has the COMPANY participated in any Traffic Incident Management Enhancement
(TIME) Taskforce meetings or activities? _____

Recovery Wreckers and Equipment Information

List all of the Recovery Trucks that will be used to qualify for TRIP. Fill out all information for each vehicle.

Truck Chassis				
	Unit #1	Unit #2	Unit #3	Unit #4
Make, model, and year				
V I N #				
GVW, Wheel base, Number of axles, Frame				
Engine make, horsepower and torque output				
Details of driveline (transmission, transfer case, drive shafts ,etc)				
Push Bumper (Yes or No)				

Recovery Wrecker Equipment				
	Unit #1	Unit #2	Unit #3	Unit #4
Wrecker and body manufacturer and model				
Winch capacity w/wire rope size				
Boom capacity (TEMA) and reach				
Under-lift capacity and reach				

Additional Trucks and Equipment Information

List with a detailed description all additional *COMPANY-owned* equipment that is required for a Georgia DOT TRIP wrecker COMPANY.

Equipment	Make, model, and year	Capacity	Serial Number of VIN Number
Tilt bed, hydraulic, lowboy semi-trailer (Landoll or equivalent) with a 35 ton capacity, 40-48 ft. bed and a winch with 75 ft. of 5/8" cable.			
Tandem axle road tractor with a sliding fifth wheel.			
Rollback flatbed wrecker.			
Self contained, V-hopper, pick-up or trailer mounted Sand Spreader. The unit shall have a minimum capacity of 1½ cu. yd. with a conveyor or auger feed and adjustable rate spinner. Sand must be kept dry!			
Heavy-duty skid steer or rubber tracked loader with bucket, broom, and fork attachments.			
Support vehicle with an enclosed, utility body and a roof mounted GDOT approved MUTCD Type B arrow board. The truck shall be stocked with MUTCD traffic control devices (signs, sign stands and cones etc.) and the additional tools, equipment and material listed for the TRIP support vehicle,			
OR			
A tandem axle, enclosed utility trailer pulled by a tow vehicle with a roof mounted GDOT approved MUTCD Type B arrow board.			

Contract Equipment and Service Provider Information

List your sub-let service providers with which agreements exist to respond to the Interstate on a 24-hour basis as required by the TRIP Specifications.

Contract Equipment	Contract company name address, and phone number	Contract location (where the equipment will be deployed from)
A Maintenance of Traffic (MOT) Contractor that can provide and set up full MUTCD and GDOT approved work zone traffic controls.		
A Disposal Company that can deliver to the scene of an incident, dumpsters or hoppers for crash debris, fire debris and or spilled non-hazardous cargo.		
A Vacuum or Suction Service for off-loading or recovering and transporting large quantities of spilled grain, powders, plastic pellets or non-hazardous liquids and sludge, etc.		
A Trucking or Transport company that can provide van, dump, refrigerator or flat bed trucks and/or semi- trailers.		
A Construction Crane Rental Company with 50 ton and larger mobile cranes.		
A contactor or equipment rental company that can deliver a heavy duty, rubber tired, articulated, construction, end-loader		

