

For the authorisation of towing accident damaged motor vehicles only.

Tow truck

Name of the licence holder of the tow truck			
Depot address			Postcode
Depot number	Phone number	Tow truck licence number	
Name of the tow truck driver		Driver accreditation number	

Vehicle to be towed

Name of the vehicle owner	Registration number
Address of vehicle owner	
Postcode	
Location (street(s), suburb) of the vehicle to be removed	
Make of the vehicle to be towed	Allocated job number (if applicable)
Address where vehicle is to be towed	
Postcode	

Did the vehicle require salvaging? No Yes (please complete the salvage section below)

Salvage

Refer to information pamphlet for a description of what salvage means.

The **location** of the salvaged vehicle:

Road Up or down an embankment
 Road related area (curb, nature strip, footpath, traffic island) Photo evidence taken
 Other Please specify

The **position** of the salvaged vehicle:

Upright On its side
 Upside down Photo evidence taken
 Other Please specify

Time taken to salvage the vehicle	Min/hrs
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Where the vehicle was **embedded** in an object, what was the object?

Building (house, shop front etc) Pole, pillar, pylon, tree
 Fence, guardrail, safety barrier Motor vehicle
 Photo evidence taken
 Other Please specify

The **equipment** used to salvage the vehicle:

Tow truck winch Tow truck crane
 Mobile crane Heavy tow truck
 Other Please specify

Applicable rate – Tax Invoice

The applicable rates of towing, vehicle storage and other related services. Please mark 'N/A' if an item is not applicable.

Towing Service	Total Price, incl GST
Towing fee: First 8 Km	
Additional Km (please specify)	
Salvage: Basic	
Complex	
After-hours towing surcharge	
Storage fee	
Other charges (please specify)	
Total charge, incl GST	

Payment received by Debit card Credit card Cash

Authority to tow form completed

Tow truck driver signature	Time
	D D M M Y Y Y Y

Information pamphlet (for driver/owner only)

Confirm receipt of the Department of Transport and Planning information pamphlet (please tick and sign)

Signature

Person authorising the tow

Owner of the vehicle or agent of owner Driver of the vehicle
 Police officer/authorised officer

Name

Address

Postcode

Phone number (optional)

Signature

D D M M Y Y Y Y

Person authorising storage

Please ensure all personal belongings are removed from the vehicle before it is stored

Name

Address

Postcode

Signature

D D M M Y Y Y Y