000001

Government of Western Australia
Department of Transport
and Major Infrastructure

Department of Transport
and Major Infrastructure

Driver/owner copy

This form must be used for regulated towing and is to be completed and signed before a vehicle can be towed from a crash site. Boxes marked with an \* are mandatory and must be completed in full where applicable. Failure to do so is an offence under the Towing Services Act 2024 and penalties will apply. This form is not to be used for any form of unregulated towing.

Towing Service Provider	(TSP) details					
*TSP COMPANY NAME (If applicable)		*	TRADING AS DETAILS	j		
*TSP MAIN BUSINESS ADDRESS			*SUB	URB OR TOWN		*POSTCODE
*TSP MAIN CONTACT PHONE NUMBER	R *ABN/ACN					
Tow truck details	4		4			
*TOW TRUCK NUMBER PLATE	*MAKE		*MOD	DEL		*TOW TRUCK CLASS
Vehicle to be towed deta	nils					
*OWNER'S FIRST NAME (If known)	*OWNER'S LAST NAME	(If known) *	OWNER'S PHONE NUM	MBER (If known) *MAKE	*M	ODEL
*PLATE # OR IF NO PLATE VIN # OR CH	HASSIS # OR ENGINE #		*VEHICLE	CATEGORY		
			LIGHT VEI UP TO 450		VEHICLE 4500 KG	MOTORCYCLE
*LOCATION VEHICLE IS TO BE TOWED	FROM (Include nearest cross st or	location identifier) *:	SUBURB OR TOWN	70110	.505 1.6	
*ADDRESS VEHICLE IS TO BE TOWED	TO (Nominated by person authorisin	ng the tow) *:	SUBURB OR TOWN	*	IS THIS LOCATION A S	STORAGE YARD?
	71				NO YES - this s	storage yard must
If it is not possible to tow the vehicle to the	phovo addrosa due to unforceson sir	cumatanasa the towing of th	a vohiala ta another anno		ave the capacity to stor	
Recovery details - Justifi			le verilicie to another appr	opriate location is authorised	and obligations under re	egulations apply.
*MANDATORY PHOTOGRAPHIC EVI	DENCE COLLECTED? YES					
*LIST SPECIALISED EQUIPMENT REC	QUIRED FOR RECOVERY		*LIST ANY SPECIALISI	ED PERSONNEL REQUIRI	ED FOR RECOVERY	
Towing worker details						
*FIRST NAME	*LAST NAME		PHONE NUMBER		*DRIVER'S LICENCE N	NUMBER
Charges as regulated (A	Il costs incl GST)		Towing author	risation		
*TOWING CHARGE	*AFTER HOURS SURCH	ADCE (If applicable)			WED WOENT	
\$	\$			DRIVER	/NER/AGENT	POLICE OFFICER
*DAILY STORAGE CHARGE (If applicable	e) *ADDITIONAL DISTANCE		FIRST NAME		LAST NAME	YES NO
\$	\$	CHARGE (II applicable)	TIKST NAME		LAST NAME	
			to Division Light of the		touche muner	
*STORAGE ADMINISTRATION FEE (If ap		estimated if applicable)	DRIVER'S LICENCE # C	OR POLICE OFFICER PD#	*PHONE NUMBER	Κ
\$	\$					
*TOTAL CHARGE		ı	ara a Yo	ou have the rig	ht to choose	who tows
\$				our vehicle and		
For information on maximum cha	rges, please see details via	the QR code.	1367 HOPE 07	ase scan for more info		
Towing worker declarati	on			ximum charges or visit		
I declare that I have completed all have provided is true and correct. false or misleading information on	I understand that if I am foun	d to have provided (	if applicable), along	the total towing, storag g with the location that d to me. <b>I now authori</b>	t I want the vehicle	to be towed to,
*TOWING WORKER SIGNATURE	*TIME	*DATE	SIGNATURE OF PERS	SON AUTHORISING TOW	*TIME	*DATE

## **Authority To Tow**

Towing worker copy

000001

This form must be used for regulated towing and is to be completed and signed before a vehicle can be towed from a crash site. Boxes marked with an \* are mandatory and must be completed in full where applicable. Failure to do so is an offence under the Towing Services Act 2024 and penalties will apply. This form is not to be used for any form of unregulated towing. **Towing Service Provider (TSP) details** \*TSP COMPANY NAME (If applicable) \*TRADING AS DETAILS \*TSP MAIN BUSINESS ADDRESS \*SUBURB OR TOWN \*POSTCODE \*TSP MAIN CONTACT PHONE NUMBER \*ABN/ACN Tow truck details TOW TRUCK NUMBER PLATE \*MAKE \*MODEL \*TOW TRUCK CLAS Vehicle to be towed details OWNER'S FIRST NAME (If known) \*MODEL \*OWNER'S LAST NAME (If known) \*OWNER'S PHONE NUMBER (If known) \*VEHICLE CATEGORY \*PLATE # OR IF NO PLATE VIN # OR CHASSIS # OR ENGINE # LIGHT VEHICLE HEAVY VEHICLE MOTORCYCLE UP TO 4500 KG OVER 4500 KG \*LOCATION VEHICLE IS TO BE TOWED FROM (Include nearest cross st or location identifier) \*SUBURB OR TOWN \*ADDRESS VEHICLE IS TO BE TOWED TO (Nominated by person authorising the tow) \*SUBURB OR TOWN \*IS THIS LOCATION A STORAGE YARD? NO YES - this storage yard must have the capacity to store this vehicle. If it is not possible to tow the vehicle to the above address due to unforeseen circumstances, the towing of the vehicle to another appropriate location is authorised and obligations under regulations apply Recovery details - Justification for any additional charges \*WILL SPECIALISED EQUIPMENT OR SPECIALISED PERSONNEL BE REQUIRED BEFORE LOADING THE VEHICLE? 🔲 NO 🦳 YES - Please complete details below. In dot points below provide summary to justify the need for the use of specialised equipment and/or personnel. TOTAL RECOVERY TIME (HOUR:MIN) \*MANDATORY PHOTOGRAPHIC EVIDENCE COLLECTED? YES \*LIST SPECIALISED EQUIPMENT REQUIRED FOR RECOVERY \*LIST ANY SPECIALISED PERSONNEL REQUIRED FOR RECOVERY Towing worker details \*FIRST NAME \*I AST NAME \*PHONE NUMBER \*DRIVER'S LICENCE NUMBER Charges as regulated (All costs incl GST) Towing authorisation \*AFTER HOURS SURCHARGE (If applicable) \*TOWING CHARGE POLICE OFFICER DRIVER OWNER/AGENT I AM THE ALL PERSONAL ITEMS REMOVED FROM VEHICLE YES П по

# \$ \*DAILY STORAGE CHARGE (If applicable) \*ADDITIONAL DISTANCE CHARGE (If applicable) \*STORAGE ADMINISTRATION FEE (If applicable) \*RECOVERY CHARGE (Estimated if applicable) \*TOTAL CHARGE

\*FIRST NAME

### You have the right to choose who tows your vehicle and where it is towed to.

\*PHONE NUMBER

\*LAST NAME

Please scan for more information about your rights and maximum charges or visit transport.wa.gov.au/towing.

I acknowledge that the total towing, storage and estimated recovery costs (if applicable), along with the location that I want the vehicle to be towed to,

\*DRIVER'S LICENCE # OR POLICE OFFICER PD #

I declare	that I	have (	comn	leted all	man	datory	/ fie	lde a	and th	at all th	e inforn	nation I
have prov	/ided	is true	and	correct	Lunc	derstar	nd t	hat i	if I am	found t	to have	provide
										iouila		pioria

For information on maximum charges, please see details via the QR code.

Towing worker declaration

false or misleading information on this form, I will be liable for prosecution. \*TOWING WORKER SIGNATURE \*TIME \*DATE

have been provided to me. I now authorise the towing of this vehicle. \*SIGNATURE OF PERSON AUTHORISING TOW \*TIME

000001

Government of Western Australia
Department of Transport
and Major Infrastructure

This form must be used for regulated towing and is to be completed and signed before a vehicle can be towed from a crash site. Boxes marked with an \* are mandatory and must be completed in full where applicable. Failure to do so is an offence under the Towing Services Act 2024 and penalties will apply. This form is not to be used for any form of unregulated towing.

<b>Towing Service Provider (TSF</b>	P) details		
*TSP COMPANY NAME (If applicable)		*TRADING AS DETAILS	
*TSP MAIN BUSINESS ADDRESS		*SUBURB OR TOWN	*POSTCODE
*TSP MAIN CONTACT PHONE NUMBER	*ABN/ACN		
Tow truck details	de como	document of the second	
*TOW TRUCK NUMBER PLATE	*MAKE	*MODEL	*TOW TRUCK CLASS
Vehicle to be towed details			
*OWNER'S FIRST NAME (If known)	*OWNER'S LAST NAME (If known)	*OWNER'S PHONE NUMBER (If known) *MAKE	*MODEL
*PLATE # OR IF NO PLATE VIN # OR CHASSIS	# OR ENGINE #	*VEHICLE CATEGORY	
		LIGHT VEHICLE UP TO 4500 KG  HEAVY VEHICLE OVER 4500 KG	MOTORCYCLE
*LOCATION VEHICLE IS TO BE TOWED FROM (	Include nearest cross st or location identifier)	*SUBURB OR TOWN	
*ADDRESS VEHICLE IS TO BE TOWED TO (Non	ninated by person authorising the tow)	*SUBURB OR TOWN *IS THIS LOCATI	ON A STORAGE YARD?
	, , , , , , , , , , , , , , , , , , ,		- this storage yard must
If it is not nearly be to tout the vehicle to the above and	duran dura ta unfancación circumstancia de taurina	have the capacity of the vehicle to another appropriate location is authorised and obligations	to store this vehicle.
Recovery details - Justification		or the vehicle to another appropriate location is authorised and obligations	inder regulations apply.
*MANDATORY PHOTOGRAPHIC EVIDENCE O	COLLECTED? YES		
*LIST SPECIALISED EQUIPMENT REQUIRED	FOR RECOVERY	*LIST ANY SPECIALISED PERSONNEL REQUIRED FOR RECOV	ERY
Towing worker details			
*FIRST NAME	*LAST NAME	*PHONE NUMBER *DRIVER'S LICI	ENCE NUMBER
Charges as regulated (All cos	ts incl GST)	Towing authorisation	
	*AFTER HOURS SURCHARGE (If applicable)	IAM THE DRIVER OWNER/AGENT	POLICE OFFICER
\$	\$	ALL PERSONAL ITEMS REMOVED FROM VEHICLE	YES NO
*DAILY STORAGE CHARGE (If applicable)	*ADDITIONAL DISTANCE CHARGE (If applicable		1L3 NO
\$	\$		
		#DDWEDIG LIGENGE # OD DOLLOF OFFICER DD # # #DUONE N	LIMBER
	*RECOVERY CHARGE (Estimated if applicable)	*DRIVER'S LICENCE # OR POLICE OFFICER PD # *PHONE N	UMBER
\$	\$		
*TOTAL CHARGE		■ 堂盘 ■ You have the right to cho	ose who tows
\$		your vehicle and where i	
For information on maximum charges, p	lease see details via the QR code.	Please scan for more information abou	
Towing worker declaration		maximum charges or visit transport.wa	
I declare that I have completed all manda have provided is true and correct. I under false or misleading information on this for	stand that if I am found to have provided	I acknowledge that the total towing, storage and estimat (if applicable), along with the location that I want the vehave been provided to me. I now authorise the towin	ehicle to be towed to,
*TOWING WORKER SIGNATURE	*TIME *DATE	*SIGNATURE OF PERSON AUTHORISING TOW *TIME	*DATE

000001

Government of Western Australia
Department of Transport
and Major Infrastructure

Authority To Tow
Towing Service Provider copy

This form must be used for regulated towing and is to be completed and signed before a vehicle can be towed from a crash site. Boxes marked with an \* are mandatory and must be completed in full where applicable. Failure to do so is an offence under the Towing Services Act 2024 and penalties will apply. This form is not to be used for any form of unregulated towing.

This form is not to be used for all		towing.						
Towing Service Provider *TSP COMPANY NAME (If applicable)	(TSP) details		*TRADING AS DI	ETAII S				
*15P COMPANY NAME (II applicable)	*TRADING AS DI	ETAILS						
*TSP MAIN BUSINESS ADDRESS				*SUBURB OR TOWN			*POSTCODE	
"13F MAIN BUSINESS ADDRESS		"SUBURB OR TOWN			PO31CODE			
*TOD MAIN CONTACT DUONE NUMBER	*^PN	VACN						
*TSP MAIN CONTACT PHONE NUMBER	R *ABN	ACN						
Tow truck details								
*TOW TRUCK NUMBER PLATE	*MAK	E		*MODEL			*TOW TRUCK	CLASS
Vehicle to be towed deta	nils							
*OWNER'S FIRST NAME (If known)	*OWNER'S LAST	NAME (If known)	*OWNER'S PHO	NE NUMBER (If known)	*MAKE	*мог	DEL	
*PLATE # OR IF NO PLATE VIN # OR CH	HASSIS # OR ENGINE #			EHICLE CATEGORY				
				GHT VEHICLE TO 4500 KG	HEAVY VEHICLE OVER 4500 KG	МС	TORCYCLE	
*LOCATION VEHICLE IS TO BE TOWED	FROM (Include nearest cro	oss st or location identifier)	*SUBURB OR TO	OWN				
*ADDRESS VEHICLE IS TO BE TOWED	TO (Nominated by person a	uthorising the tow)	*SUBURB OR TO	OWN		CATION A STO		
						YES - this sto		st
If it is not possible to tow the vehicle to the a			f the vehicle to anot	her appropriate location is	authorised and obliga	tions under regu	ılations apply.	
Recovery details - Justifi	cation for any add	litional charges						
*WILL SPECIALISED EQUIPMENT OF				HICLE? NO YE	S - Please complete	details below.		
							L RECOVERY	TIME
							(HOUR:MIN)	
*MANDATORY PHOTOGRAPHIC EVII	DENCE COLLECTED?	YES						
*LIST SPECIALISED EQUIPMENT REC	QUIRED FOR RECOVERY		*LIST ANY SPE	CIALISED PERSONNEL	REQUIRED FOR RE	COVERY		
Towing worker details								
*FIRST NAME	*LAST NAME		*PHONE NUMBI	ER	*DRIVER'S	S LICENCE NU	MBER	
		,						
Charges as regulated (A *TOWING CHARGE		SURCHARGE (If applicable)	Towing at	uthorisation		_	_	
\$	\$	SUNCHANGE (II applicable)	I AM THE	☐ DRIVER	OWNER/AGE	NT _	POLICE OF	_
*DAILY STORAGE CHARGE (If applicabl		CTANCE CHARGE (If applicable)		ITEMS REMOVED FROM		L	YES	∐ NO
\$	s *ADDITIONAL DIS	STANCE CHARGE (If applicable)	*FIRST NAME		*LAST NAM	<u> </u>		
		AD05 (5 11 4 415 11 41)	**************************************	NOT # 00 001 105 05516				
*STORAGE ADMINISTRATION FEE (If ap	\$	ARGE (Estimated if applicable)	*DRIVER'S LICE	NCE # OR POLICE OFFIC	LERPD# *PHO	NE NUMBER		
\$								
*TOTAL CHARGE				You have th	ne right to	choose	who to	ws
\$				your vehicle	_			
For information on maximum cha	<b>5</b> 1,	ils via the QR code.		Please scan for m	ore information a	about your ri	ghts and	
Towing worker declarati	on		<b>国经行行</b>	maximum charges				
I declare that I have completed all				e that the total towin				
have provided is true and correct. false or misleading information on		·		, along with the loca ovided to me. <b>I now</b>				J,
*TOWING WORKER SIGNATURE	*TIME	*DATE	•	F PERSON AUTHORISIN		•	*DATE	