



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	
<input type="text"/>		<input type="text"/>	
*TSP MAIN BUSINESS ADDRESS		*SUBURB OR TOWN	*POSTCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
*TSP MAIN CONTACT PHONE NUMBER	*ABN/ACN		
<input type="text"/>	<input type="text"/>		

Tow truck details

*TOW TRUCK NUMBER PLATE	*MAKE	*MODEL	*TOW TRUCK CLASS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*PLATE # OR IF NO PLATE VIN # OR CHASSIS # OR ENGINE #		*VEHICLE CATEGORY		
<input type="text"/>		<input type="text"/>		
*LOCATION VEHICLE IS TO BE TOWED FROM (Include nearest cross st or location identifier)		*SUBURB OR TOWN		
<input type="text"/>		<input type="text"/>		
*ADDRESS VEHICLE IS TO BE TOWED TO (Nominated by person authorising the tow)		*SUBURB OR TOWN		
<input type="text"/>		<input type="text"/>		
		*IS THIS LOCATION A STORAGE YARD? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES - Please complete details below.	
In dot points below provide summary to justify the need for the use of specialised equipment and/or personnel.	
<input type="text"/>	
TOTAL RECOVERY TIME (HOUR:MIN)	
<input type="text"/>	
*MANDATORY PHOTOGRAPHIC EVIDENCE COLLECTED? <input type="checkbox"/> YES	
<input type="text"/>	
*LIST SPECIALISED EQUIPMENT REQUIRED FOR RECOVERY	*LIST ANY SPECIALISED PERSONNEL REQUIRED FOR RECOVERY
<input type="text"/>	<input type="text"/>

Towing worker details

*FIRST NAME	*LAST NAME	*PHONE NUMBER	*DRIVER'S LICENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Charges as regulated (All costs incl GST)

*TOWING CHARGE	*AFTER HOURS SURCHARGE (If applicable)
<input type="text"/>	<input type="text"/>
*DAILY STORAGE CHARGE (If applicable)	*ADDITIONAL DISTANCE CHARGE (If applicable)
<input type="text"/>	<input type="text"/>
*STORAGE ADMINISTRATION FEE (If applicable)	*RECOVERY CHARGE (Estimated if applicable)
<input type="text"/>	<input type="text"/>
*TOTAL CHARGE	
<input type="text"/>	

Towing authorisation

I AM THE	<input type="checkbox"/> DRIVER	<input type="checkbox"/> OWNER/AGENT	<input type="checkbox"/> POLICE OFFICER
ALL PERSONAL ITEMS REMOVED FROM VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO			
*FIRST NAME	*LAST NAME		
<input type="text"/>	<input type="text"/>		
*DRIVER'S LICENCE # OR POLICE OFFICER PD #	*PHONE NUMBER		
<input type="text"/>	<input type="text"/>		



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

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

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

Towing worker declaration

I declare that I have completed all mandatory fields and that all the information I have provided is true and correct. I understand that if I am found to have provided false or misleading information on this form, I will be liable for prosecution.

*TOWING WORKER SIGNATURE	*TIME	*DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>

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, have been provided to me. **I now authorise the towing of this vehicle.**

*SIGNATURE OF PERSON AUTHORISING TOW	*TIME	*DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>



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Towing Service Provider (TSP) details

*TSP COMPANY NAME (If applicable)		*TRADING AS DETAILS	
<div></div>		<div></div>	
*TSP MAIN BUSINESS ADDRESS		*SUBURB OR TOWN	*POSTCODE
<div></div>		<div></div>	<div></div>
*TSP MAIN CONTACT PHONE NUMBER	*ABN/ACN		
<div></div>	<div></div>		

Tow truck details

*TOW TRUCK NUMBER PLATE	*MAKE	*MODEL	*TOW TRUCK CLASS
<div></div>	<div></div>	<div></div>	<div></div>

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
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
*PLATE # OR IF NO PLATE VIN # OR CHASSIS # OR ENGINE #		*VEHICLE CATEGORY		
<div></div>		LIGHT VEHICLE UP TO 4500 KG <input type="checkbox"/> HEAVY VEHICLE OVER 4500 KG <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/>		
*LOCATION VEHICLE IS TO BE TOWED FROM (Include nearest cross st or location identifier)		*SUBURB OR TOWN		
<div></div>		<div></div>		
*ADDRESS VEHICLE IS TO BE TOWED TO (Nominated by person authorising the tow)		*SUBURB OR TOWN		*IS THIS LOCATION A STORAGE YARD?
<div></div>		<div></div>		<input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> YES - Please complete details below.	
In dot points below provide summary to justify the need for the use of specialised equipment and/or personnel.	
<div></div>	
TOTAL RECOVERY TIME (HOUR:MIN)	
<div></div>	
*MANDATORY PHOTOGRAPHIC EVIDENCE COLLECTED? <input type="checkbox"/> YES	
<div></div>	
*LIST SPECIALISED EQUIPMENT REQUIRED FOR RECOVERY	*LIST ANY SPECIALISED PERSONNEL REQUIRED FOR RECOVERY
<div></div>	<div></div>

Towing worker details

*FIRST NAME	*LAST NAME	*PHONE NUMBER	*DRIVER'S LICENCE NUMBER
<div></div>	<div></div>	<div></div>	<div></div>

Charges as regulated (All costs incl GST)

*TOWING CHARGE	*AFTER HOURS SURCHARGE (If applicable)
<div></div>	<div></div>
*DAILY STORAGE CHARGE (If applicable)	*ADDITIONAL DISTANCE CHARGE (If applicable)
<div></div>	<div></div>
*STORAGE ADMINISTRATION FEE (If applicable)	*RECOVERY CHARGE (Estimated if applicable)
<div></div>	<div></div>
*TOTAL CHARGE	
<div></div>	

Towing authorisation

I AM THE	<input type="checkbox"/> DRIVER	<input type="checkbox"/> OWNER/AGENT	<input type="checkbox"/> POLICE OFFICER
ALL PERSONAL ITEMS REMOVED FROM VEHICLE		<input type="checkbox"/> YES	<input type="checkbox"/> NO
*FIRST NAME	*LAST NAME		
<div></div>	<div></div>		
*DRIVER'S LICENCE # OR POLICE OFFICER PD #	*PHONE NUMBER		
<div></div>	<div></div>		



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Towing worker declaration

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*TOWING WORKER SIGNATURE	*TIME	*DATE
<div></div>	<div></div>	<div>/ /</div>

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*SIGNATURE OF PERSON AUTHORISING TOW	*TIME	*DATE
<div></div>	<div></div>	<div>/ /</div>



Authority To Tow

Retain with crashed vehicle

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<input type="text"/>		<input type="text"/>	
*TSP MAIN BUSINESS ADDRESS		*SUBURB OR TOWN	*POSTCODE
<input type="text"/>		<input type="text"/>	<input type="text"/>
*TSP MAIN CONTACT PHONE NUMBER	*ABN/ACN		
<input type="text"/>	<input type="text"/>		

Tow truck details

*TOW TRUCK NUMBER PLATE	*MAKE	*MODEL	*TOW TRUCK CLASS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*PLATE # OR IF NO PLATE VIN # OR CHASSIS # OR ENGINE #		*VEHICLE CATEGORY		
<input type="text"/>		LIGHT VEHICLE UP TO 4500 KG <input type="checkbox"/> HEAVY VEHICLE OVER 4500 KG <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/>		
*LOCATION VEHICLE IS TO BE TOWED FROM (Include nearest cross st or location identifier)		*SUBURB OR TOWN		
<input type="text"/>		<input type="text"/>		
*ADDRESS VEHICLE IS TO BE TOWED TO (Nominated by person authorising the tow)		*SUBURB OR TOWN		*IS THIS LOCATION A STORAGE YARD?
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> NO <input type="checkbox"/> YES - this storage yard must have the capacity to store this vehicle.

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Recovery details - Justification for any additional charges

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<input type="text"/>	
TOTAL RECOVERY TIME (HOUR:MIN)	
<input type="text"/>	
*MANDATORY PHOTOGRAPHIC EVIDENCE COLLECTED? <input type="checkbox"/> YES	
<input type="text"/>	
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Towing worker details

*FIRST NAME	*LAST NAME	*PHONE NUMBER	*DRIVER'S LICENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Charges as regulated (All costs incl GST)

*TOWING CHARGE	*AFTER HOURS SURCHARGE (If applicable)
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<input type="text"/>	<input type="text"/>
*STORAGE ADMINISTRATION FEE (If applicable)	*RECOVERY CHARGE (Estimated if applicable)
<input type="text"/>	<input type="text"/>
*TOTAL CHARGE	
<input type="text"/>	

Towing authorisation

I AM THE	<input type="checkbox"/> DRIVER	<input type="checkbox"/> OWNER/AGENT	<input type="checkbox"/> POLICE OFFICER
ALL PERSONAL ITEMS REMOVED FROM VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO			
*FIRST NAME	*LAST NAME		
<input type="text"/>	<input type="text"/>		
*DRIVER'S LICENCE # OR POLICE OFFICER PD #	*PHONE NUMBER		
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Tow truck details

*TOW TRUCK NUMBER PLATE	*MAKE	*MODEL	*TOW TRUCK CLASS

Vehicle to be towed details

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*PLATE # OR IF NO PLATE VIN # OR CHASSIS # OR ENGINE #		*VEHICLE CATEGORY		
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*LIST SPECIALISED EQUIPMENT REQUIRED FOR RECOVERY	*LIST ANY SPECIALISED PERSONNEL REQUIRED FOR RECOVERY

Towing worker details

*FIRST NAME	*LAST NAME	*PHONE NUMBER	*DRIVER'S LICENCE NUMBER

Charges as regulated (All costs incl GST)

*TOWING CHARGE	*AFTER HOURS SURCHARGE (If applicable)
\$	\$
*DAILY STORAGE CHARGE (If applicable)	*ADDITIONAL DISTANCE CHARGE (If applicable)
\$	\$
*STORAGE ADMINISTRATION FEE (If applicable)	*RECOVERY CHARGE (Estimated if applicable)
\$	\$
*TOTAL CHARGE	
\$	

Towing authorisation

I AM THE <input type="checkbox"/> DRIVER <input type="checkbox"/> OWNER/AGENT <input type="checkbox"/> POLICE OFFICER	
ALL PERSONAL ITEMS REMOVED FROM VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
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		/ /

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		/ /