

# State of Arkansas Towing & Recovery Board

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Office Use Only
NO: _____
Exp. _____



## VEHICLE IMMOBILIZATION DEVICE INSPECTION FORM

[Any Arkansas certified law enforcement officer is authorized to examine the wheel clamps noted below and sign the inspection form. This form may be used for up to nine (9) devices.]

### NON CONSENT ONLY

Firm \_\_\_\_\_ City \_\_\_\_\_

Wheel Clamp Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Serial Numbers

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please write **Y**- Yes or **N** -No or **N/A** -Not Applicable for each safety item listed below.

- Highly Reflective Color
- Company name, phone number and the registered serial number of the Vehicle Immobilization and/or Non Consent towing / storage business prominently displayed and in a legible manner.
- Photographs of the Immobilization Device(s).

INSPECTION Date : \_\_\_\_\_ Time : \_\_\_\_\_ AM/PM Location : \_\_\_\_\_

Inspecting Officer : \_\_\_\_\_ Badge Number : \_\_\_\_\_

Officer.Signature : \_\_\_\_\_ Agency \_\_\_\_\_

**Owner.Signature** : \_\_\_\_\_ Date \_\_\_\_\_

By signing this form as owner and/or operator of the equipment described above I certify that the Vehicle Immobilization Device will be used in a safe and competent manner at all times.

Minimum Requirements: Refer to Rule 7 of Rules & Regulations; ACA §27-50-1201 et seq.