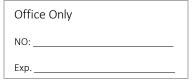
State of Arkansas Towing & Recovery Board

900 West Capitol Avenue, Suite 400 • Little Rock, Arkansas 72201 Office: 501-682-3801 • Website: www.artowing.org





TRAILER INSPECTION FORM

[Any Arkansas certified law enforcement officer is authorized to examine the vehicle noted below and sign the inspection form. A separate form must be used for each tow vehicle.]

CONSENT ONLY

Firm		City	
Make		Model	
VIN Number		Tag Number	
Please write Y- Yes or N -No or	N/A -Not Applicable for	each safety item listed below.	
Fire Extinguisher, ABC Ty	/pe of at least a nine (9) p	oound capacity. [Two 4.5 pound extinguishers are acceptable	
Ability to attach Tail , Tur	Ability to attach Tail, Turn and Stop Lights to the rear of the towed vehicle for visibility when towing.		
Safety Chains or Straps t	Safety Chains or Straps to secure a vehicle to the tow vehicle.		
Flares. Reflective Cones	or Triangle Safety Signals	s or other similar safety devices.	
Tow Business Name and side of the trailer.	Phone Number, perman	ently affixed [paint or decal] on each	
minimum capacity of (L)	•	or hoisting and carrying a vehicle during transport shall have um cable size of 3/8" in diameter. Winch capacity and cable Veight Ratings.	
INSPECTION Date :	Time :	AM/PM Location :	
Inspecting Officer :		Badge Number :	
Officer Signature:		Agency	
Owner Signature :		Date	
, , ,	· · · · · · · · · · · · · · · · · · ·	uipment described above I certify that the trailer, dolly or of competent manner at all times.	
Minimum Requirements: Refer	to Rule 7 of Rules & Reg	ulations; ACA §27-50-1201 et seq.	