

State of Arkansas Towing & Recovery Board

900 West Capitol Avenue, Suite 400 • Little Rock, Arkansas 72201

Office: 501-682-3801 • Fax: 501-682-3589 • Website: www.artowing.org

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.