Arkansas Towing & Recovery Board
900 West Capitol, Suite 400 • Little Rock, Arkansas 72201 • Office 501-682-3801 •
Website www.artowing.arkansas.gov

Office Use Only

NO: _____

Exp. _____

VEHICLE IMMOBILIZATION DEVICE 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.]

NON-CONSENT ONLY

Business Name _____ City _____

Year _____ Make _____ Model _____

Serial Number _____ Owner Applied Number _____

OFFICER: Please Check Y- Yes or N -No or N/A -Not Applicable for each item listed below.

Y	*N*	*N/A*	
☐	☐	☐	**Business Name and Phone Number, Serial Number/Owner Applied Number and License Number permanently affixed on each side and displayed in a legible manner.**
☐	☐	☐	**Highly Reflective / Visible Color**

Arkansas Towing and Recovery Board Stamp

Owner: By signing this form as owner/operator of the device listed above, you certify that the Vehicle Immobilization Device will be used in an safe and competent manner at all times.
Minimum Requirements: Refer to Rule 7 of the Rules and Regulations and A.C.A. 27-50-1201 et. seq.

Inspection Date: _____ **Time:** _____ **AM/PM** _____

Address of Inspection: _____

Inspecting Officer's Printed Name: _____ **Agency:** _____

Officer Signature: _____ **Badge Number:** _____

Owner Signature: _____ **Date:** _____