

Arkansas Towing & Recovery Board

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Website www.artowing.arkansas.gov



**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 device.]

Office Use Only

NO: _____

Exp. _____

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:** _____