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

Y- Yes or N-No or N/A-Not Applicable

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.