

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 Only

NO: _____

Exp. _____



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 Type** of at least a nine (9) pound capacity. [Two 4.5 pound extinguishers are acceptable]
- Ability to attach **Tail, Turn and Stop Lights** to the rear of the towed vehicle for visibility when towing.
- Safety Chains or Straps** to secure a vehicle to the tow vehicle.
- Flares, Reflective Cones or Triangle Safety Signals** or other similar safety devices.
- Tow Business Name and Phone Number, permanently affixed** [paint or decal] on each side of the trailer.
- Winch(s) on Tow Vehicles** used for recovery and/or hoisting and carrying a vehicle during transport shall have a minimum capacity of (L) 8,000 pounds and minimum cable size of 3/8" in diameter. Winch capacity and cable size shall increase proportionally with Gross Vehicle Weight Ratings.

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 trailer, dolly or other separately hitched equipment 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.