



**Georgia Department of Transportation  
Towing and Recovery Incentive Program (TRIP)  
TRIP APPLICATION: 2020-2022 Route Assignments**

Email to – [jeff.corbin@parsons.com](mailto:jeff.corbin@parsons.com)  
Must be received as a PDF or Word document  
(Word version preferred)

Include additional sheets, as required.

**Deadline – Nov. 29, 2019 by 12:00 p.m. EST**

**Only submit complete applications.**

**Incomplete applications will be rejected.**

1. **Date of application:**
2. **Company legal name:**
3. **Company type (Proprietorship, Partnership, Corp., etc.):**
4. **Business Address (include street, city, state and ZIP):**
  
5. **Date company operations started:**
6. **City where company operations started:**
7. **Business telephone numbers:**
  - **Daytime number:**
  - **24-hour number:**
  - **FAX number:**
8. **Primary email address:**
9. **Federal Employer ID number:**
10. **Names of equitable owner(s) or officers and number of years in heavy-duty towing / recovery:**
  - **Name/years:**
  - **Name/years:**
  - **Name/years:**
  - **Name/years:**

**11. Business location where equipment is stationed:**

- **Location 1 (primary location; include street, city, state and ZIP):**
  
  
  
  
  
  
  
  
  
  
- **Complete addresses for additional locations:**

**12. Own or lease the business buildings and/or adjoining land at the primary location? Please explain below for primary location listed above:**

- **Location 1 (primary location; include street, city, state and ZIP):**
  
  
  
  
  
  
  
  
  
  
- **Own or lease?**
- **If lease, date lease began:**
- **Lease expiration date:**
- **Can lease be renewed?**
  
  
  
  
  
  
  
  
  
  
- **Provide identical details for additional locations listed in #11:**

13. **Number of years operating from primary location:**
14. **Number of years operating from each of the other locations (list individually):**
  - **Location 2:**
  - **Location 3:**
  - **Location 4:**
15. **Does the company also serve as a commercial vehicle repair facility (non-towing fleet)?**
  - **If yes, legal name of repair business:**
16. **List hours and days of operation for garage and tow yard office:**
  - **Garage days/hours:**
  - **Tow yard office days/hours:**
17. **Are the business hours clearly posted?**
18. **Size of secure storage yard (primary location only):**
19. **Is the secure storage yard fenced?**
20. **Briefly describe yard security measures:**

21. Indicate the closest access point and entrance ramp to the Interstate and the route to get there from the yard/garage (attach map, if necessary):

22. Distance from yard/garage to this access point (miles and tenths):

23. Estimated travel time to this access point between 5:30 a.m. and 7:00 p.m.:

- Monday – Friday:
- All other times (weekends, off-peak hours):



27. Is the company in good standing with federal, state, city and county governmental and regulatory departments, including currently having all licenses and other required authorizations and documentation completely up-to-date? NOTE: This includes probations, suspensions, revocations or similar actions.

- If yes, state "yes":
- If no, please explain:

28. Does the company have any ongoing, pending or otherwise unresolved legal complaints, legal actions or service complaints filed on behalf of any federal, state, city or county government agencies or departments and/or any federal, state, city or county regulatory departments or agencies? NOTE: This includes probations, suspensions, revocations or similar actions.

- If no, state "no":
- If yes, please explain:

**29. In the space below, please specify the company's desired route. Be specific – list potential start / end points using exit numbers (example, I-85 from exit 1 to exit 10). Understand that assigned territories include service to all travel lanes, ramps and bridges within the territory, including all ramps at the starting and ending exits. Include maps, if necessary.**

**Existing TRIP Companies only – Please state whether requesting to maintain existing territory, reduce current zone or expand route. Be specific with this request to include exit numbers. Include maps, if necessary.**

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**Recovery Wreckers and Equipment Information**

List all recovery trucks that will be used to qualify for TRIP. Fill out all information for each vehicle.

**Truck Chassis – Unit 1**

Make, model, year	
V I N #	
GVW, wheel base, number of axles, frame	
Engine make, horsepower, torque output	
Driveline details (transmission, transfer case, drive shafts, etc.)	
Push bumper (Yes or No)	

**Truck Chassis – Unit 2**

Make, model, year	
V I N #	
GVW, wheel base, number of axles, frame	
Engine make, horsepower, torque output	
Driveline details (transmission, transfer case, drive shafts, etc.)	
Push bumper (Yes or No)	

**Recovery Wreckers and Equipment Information**

List all recovery trucks that will be used to qualify for TRIP. Fill out all information for each vehicle.

**Truck Chassis – Unit 3**

Make, model, year	
V I N #	
GVW, wheel base, number of axles, frame	
Engine make, horsepower, torque output	
Driveline details (transmission, transfer case, drive shafts, etc.)	
Push bumper (Yes or No)	

**Truck Chassis – Unit 4**

Make, model, year	
V I N #	
GVW, wheel base, number of axles, frame	
Engine make, horsepower, torque output	
Driveline details (transmission, transfer case, drive shafts, etc.)	
Push bumper (Yes or No)	

**Recovery Wreckers and Equipment Information**

List all recovery trucks that will be used to qualify for TRIP. Fill out all information for each vehicle.

**Recovery Wrecker Equipment – Unit 1**

Wrecker and body manufacturer, model	
Winch capacity w/wire rope size	
Boom capacity (TEMA), reach	
Under-lift capacity, reach	

**Recovery Wrecker Equipment – Unit 2**

Wrecker and body manufacturer, model	
Winch capacity w/wire rope size	
Boom capacity (TEMA), reach	
Under-lift capacity, reach	

**Recovery Wreckers and Equipment Information**

List all recovery trucks that will be used to qualify for TRIP. Fill out all information for each vehicle.

**Recovery Wrecker Equipment – Unit 3**

Wrecker and body manufacturer, model	
Winch capacity w/wire rope size	
Boom capacity (TEMA), reach	
Under-lift capacity, reach	

**Recovery Wrecker Equipment – Unit 4**

Wrecker and body manufacturer, model	
Winch capacity w/wire rope size	
Boom capacity (TEMA), reach	
Under-lift capacity, reach	

**Additional Trucks and Equipment Information**

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List with a detailed description all additional company-owned equipment that is required for a TRIP wrecker company.

- 1. Tilt bed, hydraulic, lowboy semi-trailer (Landoll or equivalent) with a 35-ton capacity, 40-48 ft. bed and a winch with 75 ft. of 5/8" cable.**

Make, model, year	
Capacity	
Serial or VIN#	

- 2. Tandem axle road tractor with a sliding fifth wheel.**

Make, model, year	
Capacity	
Serial or VIN#	

- 3. Rollback flatbed wrecker.**

Make, model, year	
Capacity	
Serial or VIN#	

**Additional Trucks and Equipment Information**

List with a detailed description all additional company-owned equipment that is required for a TRIP wrecker company.

- 4. Self-contained, V-hopper, pick-up or trailer mounted Sand Spreader. The unit shall have a minimum capacity of 1½ cu. yd. with a conveyor or auger feed and adjustable rate spinner. Sand must be kept dry.**

Make, model, year	
Capacity	
Serial or VIN#	

- 5. Heavy-duty skid steer or rubber tracked loader with bucket, broom, and fork attachments.**

Make, model, year	
Capacity	
Serial or VIN#	

- 6. Support vehicle with an enclosed, utility body and a roof mounted GDOT approved MUTCD Type B arrow board. The truck shall be stocked with MUTCD traffic control devices (signs, sign stands and cones etc.) and the additional tools, equipment and material listed for the TRIP support vehicle.**

**Or**

**A tandem axle, enclosed utility trailer pulled by a tow vehicle with a roof mounted GDOT approved MUTCD Type B arrow board.**

Make, model, year	
Capacity	
Serial or VIN#	

### **Contract Equipment and Service Provider Information**

List your sub-let service providers with which agreements exist to respond to the Interstate on a 24-hour basis as required by the TRIP specifications. Attach a written and signed statement or agreement from each service provider. Failure to supply complete details for each category will constitute an incomplete application.

**1. Maintenance of traffic (MOT) contractor that can provide and set up full MUTCD-compliant and GDOT-approved work zone traffic controls.**

Contractor company name, address, phone number	
Location from where equipment will be deployed	
Name, email address, phone for primary point of contact	

**2. Disposal company that can deliver to the scene of an incident, dumpsters or hoppers for crash debris, fire debris and or spilled non-hazardous cargo.**

Contractor company name, address, phone number	
Location from where equipment will be deployed	
Name, email address, phone for primary point of contact	

**3. Vacuum or suction service for off-loading or recovering and transporting large quantities of spilled grain, powders, plastic pellets or non-hazardous liquids and sludge, etc.**

Contractor company name, address, phone number	
Location from where equipment will be deployed	
Name, email address, phone for primary point of contact	

**Contract Equipment and Service Provider Information**

List your sub-let service providers with which agreements exist to respond to the Interstate on a 24-hour basis as required by the TRIP specifications. Attach a written and signed statement or agreement from each service provider. Failure to supply complete details for each category will constitute an incomplete application.

**4. Trucking or transport company that can provide van, dump, refrigerator or flat-bed trucks and/or semi-trailers.**

Contractor company name, address, phone number	
Location from where equipment will be deployed	
Name, email address, phone for primary point of contact	

**5. Construction Crane Rental with 50-ton and larger mobile cranes.**

Contractor company name, address, phone number	
Location from where equipment will be deployed	
Name, email address, phone for primary point of contact	

**6. Contactor or equipment rental company that can deliver a heavy-duty, rubber-tired, articulated, construction end-loader.**

Contractor company name, address, phone number	
Location from where equipment will be deployed	
Name, email address, phone for primary point of contact	



**The following four pages are intended only for existing TRIP service providers.**

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**Staff information – Current TRIP Supervisors and Operators (Existing TRIP companies only)**

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List the names of all employees currently credentialed with a TRIP Supervisor or Operator badge. Only list those individuals who are also intended to receive credentials effective for service effective April 1, 2020.

Complete names of existing TRIP Supervisors to be credentialed as TRIP Supervisors for service effective April 1, 2020:

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Complete names of existing TRIP Operators to be credentialed as TRIP Operators for service effective April 1, 2020:

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**Staff information – Promoting TRIP Personnel (Existing TRIP companies only)**

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List the names of all employees currently credentialed with a TRIP Operator badge who are intended to promote and receive credentials as TRIP Supervisors for service effective April 1, 2020. Note: Records must be submitted with this application to show that that all training required for TRIP Supervisor certification has been completed.

Complete names of existing TRIP Operators promoting to TRIP Supervisors for service effective April 1, 2020:

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**Staff information – New TRIP Personnel (Existing TRIP companies only)**

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List the names of all employees anticipated to serve as new TRIP Supervisors and Operators for service effective April 1, 2020 (new hires; not promoting employees). Note: Records must be submitted with this application to show that that all training required for each staff member has been completed.

Complete names of new TRIP Supervisors for service effective April 1, 2020:

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Complete names of new TRIP Operators for service effective April 1, 2020:

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**The following six pages are intended only for new  
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**Acknowledge understanding of the following by supplying requested info below.  
Submit this page with the completed application.**

- I submit the following application as a company owner with full authorization to commit the resources of my business in fulfilling the obligations as defined in the TRIP program specifications effective Nov. 1, 2019.
- I am the point of contact for all discussions and decisions relative to this application and route assignments.
- I have read and understand the obligations as defined in the TRIP program specifications. Should my business receive a route assignment, I agree to supply the necessary resources and fulfill the obligations of a TRIP service provider as they are defined in the TRIP program specifications.
- I understand that a submitted application does not guarantee a route assignment.
- I understand that my application may be rejected, including immediate rejection without the opportunity for amendment or resubmission, at the discretion of the program's managers.
- I understand that service as a current or past TRIP company does not guarantee that my business will receive a route assignment.
- I understand that only those businesses that are assigned a route will be considered TRIP companies effective April 1, 2020.

**First and last name:**

**Business name:**

**Date:**

**Signature:**