



**Georgia Department of Transportation
Towing and Recovery Incentive Program (TRIP)
TRIP APPLICATION: 2022-2024 Route Assignments**

Email completed applications and any additional documentation to: TRIP@dot.ga.gov

Must be received as a PDF or Word document (Word version preferred)

Deadline – November 30th, 2021 @ 11:59 PM

Incomplete and/or late 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-towingfleet)?

- If yes, legal name of repair business:

16. List hours and days of operation for garage and tow yardoffice:

- 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):

24. Has the company participated in or hosted training sessions with local fire-rescue, EMS, hazmat, public safety, or DOT agencies?

- Provide description of the type of exercises, including dates and location(s):

25. Has the company participated in any Traffic Incident Management Enhancement (TIME) Task Force meetings or activities?

26. Does the company now provide on-call/rotational towing and recovery services for any county or city governments or state agencies / departments?

- If yes, which ones and for how many years?

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 start and end points. Include maps, if necessary.

List all recovery trucks that will be used to qualify for TRIP. Fill out all information for each vehicle. Insert additional pages as needed.

Recovery Wrecker Equipment – Unit 1

Chassis and wrecker body manufacturer, model, year	
V I N #	
GVW, wheelbase, number of axles, frame	
Engine make, horsepower, torque output	
Driveline details (transmission, transfer case, drive shafts, etc.)	
Winch capacity w/wire rope size and length	
Boom capacity (TEMA), reach	
Under-lift capacity, reach	
Push bumper (Yes or No)	

List all recovery trucks that will be used to qualify for TRIP. Fill out all information for each vehicle. Insert additional pages as needed.

Recovery Wrecker Equipment – Unit 2

Chassis and wrecker body manufacturer, model, year	
V I N #	
GVW, wheelbase, number of axles, frame	
Engine make, horsepower, torque output	
Driveline details (transmission, transfer case, drive shafts, etc.)	
Winch capacity w/wire rope size and length	
Boom capacity (TEMA), reach	
Under-lift capacity, reach	
Push bumper (Yes or No)	

List all recovery trucks that will be used to qualify for TRIP. Fill out all information for each vehicle. Insert additional pages as needed.

Recovery Wrecker Equipment – Unit 3

Chassis and wrecker body manufacturer, model, year	
V I N #	
GVW, wheelbase, number of axles, frame	
Engine make, horsepower, torque output	
Driveline details (transmission, transfer case, drive shafts, etc.)	
Winch capacity w/wire rope size and length	
Boom capacity (TEMA), reach	
Under-lift capacity, reach	
Push bumper (Yes or No)	

List all recovery trucks that will be used to qualify for TRIP. Fill out all information for each vehicle. Insert additional pages as needed.

Recovery Wrecker Equipment – Unit 4

Chassis and wrecker body manufacturer, model, year	Truck chassis manufacturer, Body manufacturer
V I N #	
GVW, wheelbase, number of axles, frame	
Engine make, horsepower, torque output	
Driveline details (transmission, transfer case, drive shafts, etc.)	
Winch capacity w/wire rope size and length	
Boom capacity (TEMA), reach	
Under-lift capacity, reach	
Push bumper (Yes or No)	

Additional Trucks and Equipment

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

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

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

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. Contractor 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	

Staff information – Proposed TRIP Supervisors and Operators

List the full names of all employees that will possess the required credentials, separately for both TRIP Supervisors and TRIP Operators, on the operational start date following this application period.

List the full names of your proposed **TRIP Supervisors**. Include/attach copies of certificates or licenses showing date of training completion and/or expiration. If training is not yet complete, leave space blank. Insert additional pages as needed.

Name	TRIP I	TRIP II	Hazmat (6 hours)	NIMS 100	NIMS 700	Traffic Incident Management (8 hours)

List the full names of your proposed **TRIP Operators**. Include/attach copies of certificates or licenses showing date of training completion and/or expiration. If training is not yet complete, leave space blank. Insert additional pages as needed.

Name	TRIP I	Hazmat (6 hours)	NIMS 700	Traffic Incident Management (8 hours)

Staff information

Supply the following requested information for all proposed personnel, including owners, proposed TRIP Supervisors and proposed TRIP Operators. This information will be used to qualify the company for TRIP as well as for background and security checks. Insert additional pages as needed.

Name	CDL Type, endorsements, license number	Date of birth	Date of hire

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 **July 8, 2021****
- 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, 2022**.

First and last name:

Business name: Date:

Signature: