

# FRENCHTOWN POLICE - Towing/Wrecker Application

Date Application Received: \_\_\_\_\_  
 FOR OFFICIAL USE ONLY

Initial Application    
  Renewal Application

## Background Information

COMPANY NAME		OWNER'S NAME	
COMPANY ADDRESS		OWNER'S ADDRESS	
COMPANY TELEPHONE	E-mail Address	OWNER'S TELEPHONE	
OWNER'S DATE OF BIRTH	OWNER'S SOCIAL SECURITY NUMBER	OWNER'S DRIVERS LICENSE NUMBER & STATE	
PRINCIPAL BUSINESS LOCATION (If different than company location)			
Have you ever been convicted of any crime which would exclude you from the application process? <input type="radio"/> Yes <input type="radio"/> No    If Yes, explain:			
NAME OF INSURANCE COMPANY		INSURANCE AGENT'S NAME	
ADDRESS OF INSURANCE COMPANY			
INSURANCE POLICY NUMBER	Certificate of Insurance required and is attached. <input type="radio"/> Yes <input type="radio"/> No	Proof of Workmen's Compensation attached. <input type="radio"/> Yes <input type="radio"/> No	
Are any other businesses operating under your insurance policy? <input type="radio"/> Yes <input type="radio"/> No    If Yes, explain:			
How many years have you been in the towing industry? _____			
Provide two references below who will verify that you have at least three years of towing experience. (Initial Applicants Only)			
REFERENCE 1 (Name, Address, Telephone)		REFERENCE 2 (Name, Address, Telephone)	

## Driver Information

NAME	DRIVERS LICENSE NUMBER	SOCIAL SECURITY NUMBER

## Vehicle Information

MAKE & MODEL	YEAR	REGISTRATION	INSURANCE

## FPD Towing/Wrecker Vendor Application

COMPANY NAME	OWNER'S NAME
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**Type of Application:**     Light Duty/Service List     Heavy Duty List     Recovery List

*By making application for the Frenchtown Police Wrecker/Towing List(s), I hereby agree:*

1. To secure and maintain coverage for personal injury, property damage, theft, vandalism, fire, and any other insurance required by statute, including garage keepers liability and workman's compensation insurance. Policy limits shall be at least the minimum required by law.
2. To provide a copy of my insurance certifications to the FPD. In addition, I will advise my insurance company to notify the FPD in writing within ten days when any changes are made to the policy.
3. To maintain all vehicles in compliance with safety requirements as listed in N.J.S.A. 39:3-1, et seq., and 49 CFR 393, including lights, permits, flares and as required in Towing/Wrecker Vendor Application.
4. I will be available on a 24-hour basis for the time periods established by the Chief of Police, or Officer-in-Charge (OIC).
5. I will respond within the required 20 minute time limit set forth in the *Minimal Requirements for Vehicular Towing*.
6. I will not delegate any services requested of my company to any other company, vendor or individual.
7. I will advise the motorist of all charges prior to hook-up and/or any services being rendered. I will provide a safe and secure lobby/waiting area, restroom, and access to a pay phone.
8. I understand that any sanctions imposed by the Chief of Police, or OIC, may be appealed to the Frenchtown Police Commissioner as outlined in this order. I further understand that removal from the tow list may be appealed as a final agency decision.
9. I will not charge the patron for damage to my equipment resulting from any towing operation.
10. This application shall become void in the event of any transfer of ownership of the company.
11. To adhere to the current prevailing rates posted on the Garden State Towing Association's website.

\_\_\_\_\_

Vendor's Signature

Date

**FPD Towing/Wrecker Vendor Application**

COMPANY NAME	OWNER'S NAME
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**Type of Application:**     Light Duty/Service List     Heavy Duty List     Recovery List

**Vendor Wrecker Classification Form**

*Make additional copies of this page and complete this form for each vehicle listed on page 1.*

Vehicle Registration Number:

	HYDR	MECH	FLATBED	CRANE
<b>LIGHT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEAVY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MANUAL**

Chassis: \_\_\_\_\_

Body: \_\_\_\_\_

Model #: \_\_\_\_\_

GVWR: \_\_\_\_\_ lbs.

Axles: \_\_\_\_\_

**RATINGS**

Boom: \_\_\_\_\_ lbs.

Winches: \_\_\_\_\_ lbs.

Number of: \_\_\_\_\_

Underlift: \_\_\_\_\_ lbs.