



For Office Use Only:

License #: _____

Permit #(s): _____

Township of Wayne
475 Valley Road
Wayne, NJ 07470

CHECK LIST FOR POLICE TOWING LICENSE APPLICATION

- _____ \$500.00 Non-Refundable **INITIAL** application fee (as per Ord.No.77-2006)
- _____ \$250.00 Non-Refundable **RENEWAL** application fee (as per Ord.No.77-2006)
- _____ \$75.00 Non-Refundable **LICENSE** fee (as per Ord.No.77-2006)
- _____ Photocopies of all registrations of every tow vehicle. If leased, a copy of lease Agreement.
- _____ Name, address and telephone number of applicant's insurance carrier and photocopies of each Certificate of Insurance issued by the carrier.
- _____ Photocopies of all towing vehicle operators' current drivers licenses and their Social Security Number.
- _____ Affidavit that information provided on application is true and correct.
- _____ Agreement – Indemnify and hold harmless Township of Wayne.

Name of Applicant _____

Trade Name _____

Location of Business _____

No. of trucks to be operated in towing business _____

TOWNSHIP OF WAYNE

475 Valley Road
Wayne, New Jersey 07470

Date of Application _____

POLICE TOWING APPLICATION

as per Chapter 191 of the code
of the Township of Wayne

Please answer ALL questions; Use N/A if it does not apply.

Business Trade Name			
Principal Business Address	DOT#	Business Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
Property			
City/State	Zip Code	Business Phone #	Home Phone #
Address of impound area			
Business Towing Operators Name			
Address	City/State	Zip Code	
Date of Birth	Place of Birth (City/State)		
Social Security #	Driver License #		
Number of years experience in towing and vehicle storage.			
Have you ever been convicted of a Crime or Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
Additional owners, partners or corporate officers must be listed on Page 2.			
Sworn and Subscribed this _____ day of _____ 20____ Notary Public _____		Applicants must comply with all requirements of the new Towing Ordinance ; Chapter 191 of the code of the Township of Wayne.	
_____ Signature of Business Operator			
<input type="checkbox"/> APPROVED	Date: _____		
<input type="checkbox"/> NOT APPROVED	Date: _____		
Comments:			
TOWAPP1 12/99			

TOWNSHIP OF WAYNE
 475 Valley Road
 Wayne, New Jersey 07470

POLICE TOWING APPLICATION

Please answer ALL questions; Use N/A if it does not apply.

1. Name		Address	
City/State	Telephone	Date of Birth	
Place of Birth (City/State)	Soc. Security #	Driver Lic. #	
Have you ever been convicted of a Crime or Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
2. Name		Address	
City/State	Telephone	Date of Birth	
Place of Birth (City/State)	Soc. Security #	Driver Lic. #	
Have you ever been convicted of a Crime or Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			
3. Name		Address	
City/State	Telephone	Date of Birth	
Place of Birth (City/State)	Soc. Security #	Driver Lic. #	
Have you ever been convicted of a Crime or Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			

If more space is needed, use additional sheets and attach

TOWNSHIP OF WAYNE

475 Valley Road
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Date: _____

APPLICATION FOR TOW TRUCK OPERATOR

Each operator, if other than an owner, partner or corporate officer listed on this application, must complete a tow truck operator/driver application.

Name		Phone Number	
Address		City/State	
Name of towing company where employed			
Date of Birth		Place of Birth (City/State)	
Social Security #		Driver License #	State of Issue
CDL <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of a Crime or a Disorderly Persons offense? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, Where, when and on what charge?			

Sworn and Subscribed this
_____ day of _____ 20 _____
Notary Public _____

Signature of Applicant

TOWNSHIP OF WAYNE

475 Valley Road
Wayne, New Jersey 07470

Date: _____

TOW TRUCK INFORMATION

(One form required for each vehicle)

Owner/Lessee			
Address		City/State	
Make of Truck	Model	Year	Color
VIN	Registration	Expiration Date	Gross Weight
Insurance Company	Policy #	DOT#	

VEHICLE CHECK LIST

- | | | |
|---|------------------------------|-----------------------------|
| 1. Payment Rate Circular..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Valid Insurance card..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Rotating Amber Emergency lights/ Properly mounted..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Emergency Light Bar Permit..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Two (2) white work lights facing the rear of truck..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Auxiliary light kit / For towed vehicles with no taillights..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Chains and tie downs to secure vehicles..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Snatch Block..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Steering wheel tie down..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. Jumper cables or Jump box..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. Tool box with assorted hand tools..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12. One shovel and broom..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. Minimum 50 lbs of absorbent..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. Two reflective traffic vests..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15. One 5lb. A-B-C Fire Extinguisher..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 16. One operating flashlight..... | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**ABOVE ITEMS 1 - 16 TO BE CHECKED BY OFFICER
UPON COMPLETION OF INSPECTION**

Signature of Owner

Inspecting Officers Signature

TOWNSHIP OF WAYNE
POLICE TOWING APPLICATION
AFFIDAVIT OF CERTIFICATION

I certify that the statements made by me on the attached Police Towing Application are true. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

Signature of Applicant/Owner

Sworn and subscribed before me

This _____ day of _____

Notary Public

township of wayne

Paul V. Margiotta, RMC
Township Clerk

475 Valley Road
Wayne, New Jersey 07470-3586
Internet: www.WayneTownship.com
Phone: (973) 694-1800
FAX: (973) 694-8136

TOWNSHIP CLERK'S OFFICE
FAX: (973) 709-1524

INDEMNIFICATION & HOLD HARMLESS AGREEMENT

In consideration of the issuance of a Towing License by the Municipal Council of the Township of Wayne for the year 20_____, _____ agrees to save and indemnify and hold harmless the Township of Wayne, its agents, servants and/or employees from and against all liability claims and judgments or demands for damages arising from accidents, losses or injuries to persons or property which results from the towing and storage of motor vehicles by _____, its agents, servants and/or employees.

Name of Company

By: _____
Signature

Print Name/Title

Dated: _____, 20_____