BOROUGH OF RIVER EDGE
705 KINDERKAMACK ROAD, RIVER EDGE, NJ 07661
201-599-6300 FAX: 201-599-0997

TOWING - SERVICE APPLICATION

NAME OF OWNER _____

ADDRESS _____

SS# _____ TEL # _____ PAGER/CELL _____

DATE OF BIRTH _____ DRIVERS LICENSE # _____ STATE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

CRIME _____ PLACE OF ARREST _____ WHEN _____

DISPOSITION _____

REFERENCES (MUST BE OVER 21 & NOT CO-WORKERS)

NAME _____ TEL # _____

ADDRESS _____

NAME _____ TEL # _____

ADDRESS _____

NAME _____ TEL # _____

ADDRESS _____

***You MUST Submit a Valid Registration & Proof of Insurance for ALL Towing Vehicles;**
****Current & Updated Certificate of Liability MUST be Submitted;**
*****Valid Photo Driver's License MUST be submitted for ALL Drivers.**

FALSE OR FICTITIOUS INFORMATION LISTED ANYWHERE ON THIS THREE PAGE FORM WILL RESULT IN IMMEDIATE TERMINATION OF THE TOWING APPLICATION.

SIGNATURE OF APPLICANT: _____ DATE: _____

BACKGROUND INVESTIGATION APPROVED BY CHIEF OF POLICE:

_____ DATE: _____

PERMIT ISSUANCE APPROVED BY BOROUGH CLERK:

_____ DATE _____

TOWING-SERVICE APPLICATION (PAGE #2)
FILL IN ALL REQUESTED INFORMATION ABOUT THE TOW COMPANY

TRADE NAME: _____

ADDRESS: _____

PHONE #(S) _____

HOW OLD IS THE TOW SERVICE? _____

HOW LONG HAVE YOU BEEN THE OWNER? _____

LIST ANY OTHER NAME(S) WHICH THE TOW COMPANY HAS BEEN CALLED:

_____

_____

ORGANIZATION STRUCTURE: CEO, PRESIDENT, MANAGER, CO-OWNERS, ETC:

TITLE	NAME	ADDRESS	TELEPHONE NUMBERS WORK	HOME	PAGER/CELL
1.					
2.					
3.					
4.					
5.					
6.					

LIST OTHER TOWNS WHERE THE TOW COMPANY HAS HAD CONTRACTS:

	TOWN	DATE
1.		
2.		
3.		
4.		

EMERGENCY CONTRACT INFORMATION

	TITLE	NAME	HOME	WORK	PAGER/CELL
1.					
2.					
3.					

TOWING - SERVICE APPLICTION (PAGE #3)

LIST ALL DRIVERS WHO WILL BE OPERATING THE TOW VEHICLES

NAME_____ TEL #_____ DATE OF BIRTH_____

ADDRESS_____

DL#_____ STATE_____ SS#_____

NAME_____ TEL #_____ DATE OF BIRTH_____

ADDRESS_____

DL#_____ STATE_____ SS#_____

NAME_____ TEL #_____ DATE OF BIRTH_____

ADDRESS_____

DL#_____ STATE_____ SS#_____

NAME_____ TEL #_____ DATE OF BIRTH_____

ADDRESS_____

DL#_____ STATE_____ SS#_____

NAME_____ TEL #_____ DATE OF BIRTH_____

ADDRESS_____

DL#_____ STATE_____ SS#_____

NAME_____ TEL #_____ DATE OF BIRTH_____

ADDRESS_____

DL#_____ STATE_____ SS#_____

NAME_____ TEL #_____ DATE OF BIRTH_____

ADDRESS_____

DL#_____ STATE_____ SS#_____