

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:

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

LIST OTHER TOWNS WHERE THE TOW COMPANY HAS HAD CONTRACTS:

	<u>TOWN</u>	<u>DATE</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

	<u>EMERGENCY CONTRACT INFORMATION</u>				
	<u>TITLE</u>	<u>NAME</u>	<u>HOME</u>	<u>WORK</u>	<u>PAGER/CELL</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
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# _____
