

APPLICATION FOR POLICE DEPARTMENT TOWING LICENSE
Application #_____

Berkeley Township Police Department Traffic Safety Bureau

Name Of Applicant: _____

Trade Name (Trading As): _____

Address: _____

Business Telephone # _____ Home Telephone # _____ Cell or Pager # _____
24 Hour On Call Service Telephone # _____

INSURANCE STATEMENT: (Attach Copy of Policy with Current Data)

Name Of Insurance Carrier: _____
Policy # _____

Name of Agent: _____
Address _____
Telephone # _____

List Of Coverage _____

EQUIPMENT REQUIREMENTS: (Attach Any Agreements to Application)

1. Wrecker J-Hook and or front wheel lift which is capable towing both front wheel and rear wheel drive vehicles with a GVW of 8,000 Pounds:

Make: _____ Year: _____
Model _____
Registration # _____

2. Flatbed or Car Carrier with at least one-car capacity capable of removing and carrying a vehicle of up to 10,000 pounds:

Make: _____ Year: _____
Model: _____
Registration #: _____

3. Motorcycle Carrier:

Make: _____ Year: _____
Model: _____
Registration #: _____

4. Facilities:

Location: _____
Address: _____
Days Of Operation: _____
Hours of Operation: _____
Holidays Closed: _____

List Attachments:

- 1. Proof of Insurance
- 2. Copies of Employees Photo Driver’s License (Front & Back)
- 3. Wrecker Manufacturers GVW Statement
- 4. Schedule of Rates
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

List of All Drivers (Please attach copies of Drivers licenses)

<u>Name</u>	<u>Address</u>	<u>D.L. #</u>	<u>SS#</u>

I, _____, HAVING READ REVISED ORDINANCE #122 OF THE CODE OF THE TOWNSHIP OF BERKELEY AND FULLY UNDERSTANDING SAID ORDINANCE, MAKE THIS DECLARATION THAT I, _____, AGREE TO CONFORM TO THE STANDARDS OF LICENSING HEREIN. ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Title

Date

(Notary Public)
SWORN AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____-200_

For Municipal use only

EQUIPMENT INSPECTION:

1. Wrecker:	(<i>circle one</i>) PASS / FAIL	Comments: _____

2. Flatbed/Car Carrier:	PASS / FAIL	Comments: _____

3. Motorcycle Carrier:	PASS / FAIL	Comments: _____

4. Facilities:	PASS / FAIL	Comments: _____

Date of Inspection: _____ Inspector: _____

LICENSE DENIED

Reason for Denial:

LICENSE ISSUED

Date of Issue: _____ Expiration Date: _____
Fee received: Check _____ Cash _____ Money Order _____
Application Fee: _____ Inspection Fee: _____ License Fee: _____