



**TOWNSHIP OF FAIRFIELD
COUNTY OF ESSEX
NEW JERSEY**

RENEWAL APPLICATION FOR TOWING LICENSE

LICENSEE:	DATE OF APPLICATION:
ADDRESS:	
TELEPHONE NO.:	FAX NO.:
CONTACT PERSON FOR LICENSEE:	

Applicant shall provide the following information:

1. Photocopies of all registrations of every tow vehicle to be operated by the applicant. If the vehicle is leased the applicant is required to submit a lease agreement.
2. Name, address and telephone number of the applicant's business and vehicle insurer. Photocopies of each Certificate of Insurance.
3. Photocopies of all towing vehicle operators' current driver's licenses. Attach photocopies to the operator's individual T-01-99 application form. CDL operators shall submit a photocopy of their current USDOT medical card.
4. Applicant shall complete the Township of Fairfield Towing Application form T-01-99 for each principal corporate officer(s) or partner(s) and all tow operators that will be providing services under the Towing Ordinance.
5. Applicant shall provide photocopies of any tow operator's educational certifications received during **the previous year**.
6. The applicant shall provide an agreement that upon issuance of a license, the Licensee shall indemnify the Township of Fairfield against all claims of a third party relating to the towing and/or storage service of the Licensee.
7. Photocopy of the applicant's New Jersey Sales Tax Certificate.
8. The applicant shall complete a notarized affidavit that the information given in the application is true and correct.
9. A list of all Motor Club(s) Emergency Road Service (ERS) that the applicant has contracted to provide services.
10. New Jersey Division of Motor Vehicles amber light permit.

11. Submit documentation of contract or agreement with a registered laboratory that is currently performing the USDOT required random drug testing for CDL employees. Submit photocopy of last USDOT compliance review.
12. Photocopy of document(s) from the State of New Jersey Division of Motor Vehicles that indicate that the applicant has been issued a New Jersey Towing License.
13. Photocopy of USDOT license and the most recent USDOT review.

Applicant shall answer the following questions and shall submit a written explanation for all "YES" responses.

	Yes	No
1. Has applicant expanded or decreased his principal location regarding vehicle storage areas during the past year?		
2. Has applicant's principal location zoning requirements been challenged or changed during the past year?		
3. Has applicant submitted legal documents to declare or has declared bankruptcy protection during the past year?		
4. Has the ownership in the company/business changed during the past year?		
5. Has applicant added any new lien holders on the business or principal location during the past year?		
6. Has applicant expanded the business or corporation to include or provide other products or services?		
7. Does applicant provide towing and storage services for other police agencies? If so, list the contact person for that agency.		
8. Has any recent roadway design improvement or roadway usage restriction affect the required five-mile limit or ten-minute response time?		

All of the above requested information must be fully completed and returned to the Township of Fairfield Municipal Clerk's Office before September 1. A non-refundable renewal application fee of \$200.00 must accompany the completed application. All checks or money orders are to be made out to the Township of Fairfield.

Applicant may be required to submit further information or documentation as may be needed by the investigating officer.

Any questions concerning the application are to be directed to **Officer Thomas Myers** Township of Fairfield Police Department, (973) 227-1400.



**FAIRFIELD POLICE DEPARTMENT
TOWING APPLICATION
FORM T-01-99**

Towing Company		Business Phone		Date	
Check One:					
<input type="checkbox"/> Corporation Officer		<input type="checkbox"/> Owner		<input type="checkbox"/> Wrecker Driver	
Last Name		First Name		Full Middle Name	Maiden Name
Present Address			City	State	Zip
Previous Address			City	State	Zip
Age	Sex	Height	Weight	Race	Date of Birth
Home Phone		Social Security Number		Driver's License No.	State
Have you ever been arrested, convicted of a crime or disorderly person offense as an adult or juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list reason for arrest, act committed, date of occurrence and police agency involved: _____					
Have you ever been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, list reason, date and agency taking prints: _____					
<i>I certify that the above information is true. I understand that I am subject to punishment if any statement contained herein is willfully false. Also, I hereby authorize the Township of Fairfield Police Department to research my background and to perform a criminal history records check in connection with this application.</i>					
Signature of Applicant					Date

**UPON MY OATH OR AFFIRMATION, I
CERTIFY THAT ALL INFORMATION PROVIDED IN
THIS APPLICATION IS TRUE. I FURTHER
CERTIFY THAT I AM FAMILIAR WITH
ORDINANCE #99-06, OF THE MUNICIPAL CODE
OF THE TOWNSHIP OF FAIRFIELD.**

Signature: _____

Print Name: _____

Title: _____

Date: _____

Sworn and subscribed to Before Me

This _____ Day of _____ 2000

Notary Public of New Jersey
My Commission Expires: _____