
Date of Application

TOWNSHIP OF WASHINGTON
350 Hudson Avenue
Township of Washington, New Jersey 07676

CHECK LIST FOR 2022 POLICE TOWING LICENSE APPLICATION
(Pursuant to Ordinance No. 15-02)

- \$500.00 Non-Refundable **INITIAL** application fee. *OR*
- \$250.00 Non-Refundable **RENEWAL** application fee.
- 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 Washington.

Name of Applicant: _____

Trade Name: _____

Location of Business: _____

Number of trucks to be operated in towing business: _____

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**Are you applying
for the Heavy Duty
Towing Rotation
list?**
[] YES [] NO

2022 POLICE TOWING APPLICATION

Please answer ALL questions. Use N/A if the question does not apply.

Business Trade Name		Business Property Owned [] Rented []	
Business Address	City	State	Zip Code
Address of impound area (if different from above)	Business Phone Number		
Owner's Name(s)	Email		
Address	City	State	Zip Code
Date of Birth	Place of Birth (City/State)		
Social Security Number	Driver's License Number		
Address where you have resided in the last ten years, if different from above.			
Number of years' experience in towing and vehicle storage.	List of past towing and storage experience.		
Have you ever been convicted of a crime or a disorderly person's offense? YES [] NO []			
If YES, Where, when and on what charge?			
Additional owners, partners or corporate officers must be listed on Page 3			
IMPOUND AREA INFORMATION			
Are there at least 3,000 square feet of storage space? YES [] NO []			
Is there a minimum 7' high fence with one lockable gate? YES [] NO []			
DEED/LEASE/INSURANCE INFORMATION			
Certificate of Deed/Lease of Business and Storage Area Attached? YES [] NO []			
Certificate of Insurance for Business and Storage Area Attached? YES [] NO []			
Certificate of Insurance for all towing vehicles attached? YES [] NO []			
Sworn and subscribed this ____ day of _____ 2021		I have reviewed Township of Washington Ordinance # 15-02, I hereby certify that all the information contained herein is true and accurate.	
_____ Notary Public of the State of New Jersey (Notary Seal)		_____ Signature of Owner (Corporate Seal, if applicable)	

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2022 POLICE TOWING APPLICATION

Please answer ALL questions. Use N/A if the question does not apply.

1. Name		Address	
City/State/Zip		Telephone Number	Date of Birth
Place of Birth (City/State)		Social Security Number	Driver's License Number
Address where you have resided in the last ten years, if different from above.			
Have you ever been convicted of a crime of a crime or a disorderly person's offense? YES [] NO []			
If YES, Where, when and on what charge?			
2. Name		Address	
City/State/Zip		Telephone Number	Date of Birth
Place of Birth (City/State)		Social Security Number	Driver's License Number
Address where you have resided in the last ten years, if different from above.			
Have you ever been convicted of a crime of a crime or a disorderly person's offense? YES [] NO []			
If YES, Where, when and on what charge?			
3. Name		Address	
City/State/Zip		Telephone Number	Date of Birth
Place of Birth (City/State)		Social Security Number	Driver's License Number
Address where you have resided in the last ten years, if different from above.			
Have you ever been convicted of a crime of a crime or a disorderly person's offense? YES [] NO []			
If YES, Where, when and on what charge?			

If more space is needed, use additional sheets and attach

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WRECKER AND TOW TRUCK INFORMATION
(One application required for each truck)

Owner/Lessee			
Address		City/State/Zip	
Truck Make	Model	Year	Color
VIN	Registration	Exp. Date	GVW
Insurance Company		Policy Number	

- 1. Passed New Jersey MV Inspection **YES** [] **NO** []
 - 2. Minimum 3/8" cable? **YES** [] **NO** []
 - 3. Minimum 3/8" safety chain? **YES** [] **NO** []
 - 4. Front and rear flashing lights? **YES** [] **NO** []
 - 5. Rotating amber light or light bar? **YES** [] **NO** []
 - 6. Permit for light bar? **YES** [] **NO** []
 - 7. Company name, address and phone #
 on side of truck; at least 3" letters? **YES** [] **NO** []
 - 8. Shovel and broom for clean-up? **YES** [] **NO** []
 - 9. Wheel Chocks? **YES** [] **NO** []
 - 10. Portable car dolly? **YES** [] **NO** []
 - 11. Minimum 50 lb. bag of absorbent
 on truck? **YES** [] **NO** []
 - 12. Insurance ID Card for this vehicle? **YES** [] **NO** []
- (Attach copy)

<p>Sworn and subscribed this _____ day of _____ 2021</p> <p>_____ Notary Public of the State of New Jersey <i>(Notary Seal)</i></p>	<p align="center">_____ Signature of Owner</p>
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APPLICATION FOR TOW TRUCK OPERATOR/DRIVER

Each operator, if other than an owner, partner or corporate officer listed on this application must complete a Tow Truck Operator/Driver application form.

Name		Telephone Number	
Address		City/State/Zip	
Name of towing company where employed			
Social Security Number		Driver's License Number	State of Issue
Address where you have resided in the last ten years, if different from above.			
Have you ever been convicted of a crime of a crime or a disorderly person's offense? YES [] NO []			
If YES, Where, when and on what charge?			

<p align="center">Sworn and subscribed this ____ day of _____ 2021</p> <p align="center">_____ Notary Public of the State of New Jersey <i>(Notary Seal)</i></p>	<p align="center">_____ Signature of Owner</p>
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Date of Application

TOWNSHIP OF WASHINGTON
COUNTY OF BERGEN, NEW JERSEY
2022 POLICE TOWING APPLICATION
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of the issuance of a Towing License by the Township of Washington for the year 2022, _____ agrees to save and indemnify and hold harmless the Township of Washington, 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 and Title
Affix Corporate Seal, if applicable

Sworn and subscribed this _____ day of
_____ 2021

Notary Public of the State of New Jersey
(Notary Seal)

Date of Application

TOWNSHIP OF WASHINGTON
COUNTY OF BERGEN, NEW JERSEY
2022 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.

Name of Company

By: _____
Signature

Print Name and Title
Affix Corporate Seal, if applicable

Sworn and subscribed this _____ day of
_____ 2021

Notary Public of the State of New Jersey
(Notary Seal)