



**PENNSVILLE POLICE DEPT.
Towing/Wrecker Vendor Application For
BACKGROUND INFORMATION**

Owners Name:

Address:

Phone Number:

Date of Birth:

Social Security Number:

Drivers License Number:

Principal Business Location (If different than company location):

Have you ever been convicted of any crime which would exclude you from the application process? If yes explain.

Name of Insurance Company:

Address of Insurance Company:

Insurance Agent Name:

Policy Number:

(Attach policies to this application)

Are any other businesses operating under your insurance policy? If yes, explain.

State the number of years you are presently in the towing industry and provide two (2) references that will verify a minimum of three years of towing-for-hire at an established business.

Provide a list of driver(s), drivers license number(s) and social security number(s)

Provide a list of vehicles to be used for service and towing. Include the make, model, year, vehicle registration information and proof of insurance.



PENNSVILLE POLICE DEPARTMENT TOWING APPLICATION AGREEMENT

Company Name, Address, Phone Number

Owner Name, Address, Phone Number

APPLICATION FOR:

Light Duty List

Heavy Duty List

Recovery List

By making application for the Pennsville Police Department Wrecker/Towing List(s), I hereby agree:

1. To secure and maintain coverage for personal injury, property damage, theft, vandalism, fire and any other insurance required by statute, including garage keeper's liability and workmen's compensation insurance. Policy limits shall be at least the minimum required by law.
2. To provide a copy of my insurance certification(s) to the Chief of Police. In addition, I will advise my insurance company to notify the Chief of Police in writing within ten days, where any changes are made to the policy.
3. To maintain all vehicles in compliance with safety requirements as listed in N.J.S.A. 39:3-1, et seq., and 49 CFR 393, including lights, permits, and flares as required in vendor application.
4. I will be available on a 24 hour basis for the time periods established by the Chief of Police.
5. I will respond within the required time limit set forth in the towing application.
6. I will not delegate any services requested of my company to any other company, vendor or individual.
7. I will advise the motorist of all charges prior to hook-up and/or any services being rendered.
8. I will provide a safe and secure lobby/waiting area, restroom and access to a pay phone.
9. I understand that any sanctions imposed by the Chief of Police may be appealed to the Township Committee. The sanctions of the Chief of Police shall not be stayed pending the appeal and the decision of the Township Committee shall be final.
10. I will not charge the patron for damage to my equipment resulting from any towing operation.
11. This application shall become void in the event of any transfer of ownership of the company.

Vendor Signature

Date



PENNSVILLE POLICE DEPARTMENT VENDOR FEE SCHEDULE

Company Name, Address, Phone Number

Owner Name, Address, Phone Number

APPLICATION FOR:

Light Duty List

Heavy Duty List

Recovery List

SERVICE CALL: _____

LIGHT DUTY CALLS: _____

HEAVY DUTY CALLS: _____

RECOVERY CALLS: _____

DAILY STORAGE RATE: _____

INSIDE STORAGE RATE: _____

MILAGE RATE: _____

***HOURLY RATE:** _____

RECOVERY RATE: _____

*** Hourly rate does not apply to routine towing, including flatbeds and/or service calls.**

Any additional cost other than those specified above must be itemized and submitted with this fee schedule.

Vendor Signature

Date