



WRECKER LICENSE APPLICATION CHECKLIST

- Fully completed application (all fields completed)
- Application Fee – Initial/Renewal - \$80.00 1ST licensed vehicle/\$15.00 each additional licensed vehicle
- Copy of Driver's License for each employee
- Fully completed authorization form for a Police Criminal & Driver License Background Check for each employee
- Certificate of Liability Insurance
- Motor Vehicle Commission Vehicle Registration for all licensed vehicles

Year _____

Business Name: _____

Business Address: _____

Owner Name: _____

For Office Use Only:

Permit Packet

Date Received - _____

- | | |
|--|-----------------------|
| <input type="checkbox"/> Fully Completed Application Form | Date Received - _____ |
| <input type="checkbox"/> Application Fee | Date Received - _____ |
| <input type="checkbox"/> Employees' Driver's Licenses | Date Received - _____ |
| <input type="checkbox"/> FTPD Police Criminal & Driver License
Background Check Authorization Forms | Date Received - _____ |
| <input type="checkbox"/> Certificate of Liability Insurance | Date Received - _____ |
| <input type="checkbox"/> Motor Vehicle Commission Vehicle Registrations | Date Received - _____ |

Comments: _____

Date Permit Issued: _____



APPLICATION FOR WRECKERS LICENSE

Franklin Township, Somerset NJ

Application Fee: Initial/Renewal - \$80 1st licensed vehicle/\$15 each additional

- Initial Application
- Renewal Application

Date: _____

Applicant Name: _____ Phone #: _____

Home Address: _____

Business Name: _____

Business Address: _____

Business Phone#: _____

Name and Address of any person having a 10% or greater interest in the business:

- Type of Business:
- Service Station
 - Body Shop
 - Garage
- Engine Rebuilding
 - Other (please specify): _____

Location of Vehicle Storage: _____

Vehicle Information

Make: _____

Model & Year: _____

Reg. Gross Weight: _____

VIN: _____

License Plate No.: _____

- Light Duty
- Heavy Duty

Make: _____

Model & Year: _____

Reg. Gross Weight: _____

VIN: _____

License Plate No.: _____

- Light Duty
- Heavy Duty

Make: _____

Model & Year: _____

Reg. Gross Weight: _____

VIN: _____

License Plate No.: _____

- Light Duty
- Heavy Duty

Make: _____

Model & Year: _____

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Make: _____

Model & Year: _____

Reg. Gross Weight: _____

VIN: _____

License Plate No.: _____

- Light Duty
- Heavy Duty

APPLICATION FOR WRECKERS LICENSE

Franklin Township, Somerset NJ

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Telephone #: _____

Automobile Liability Policy #: _____

Workmen's Compensation Policy #: _____

Comprehensive General Liability Policy #: _____

Garage Keeper Policy #: _____

Garage Liability Policy #: _____

The insurance requirements are: Automobile Liability Insurance - Not less than one million (\$1,000,000.00) dollars combined single limit, covering each vehicle utilized by the operator in his business.

Workmen's Comprehension Insurance – As required by the State of State of New Jersey, including employer's liability coverage with a limit of at least \$100,000.00.

Comprehensive, General Liability Insurance – An amount of not less than \$1,000,000.00 for personal injuries, per occurrence and 1,000,000.00 for property damage, per occurrence, including premises operations and products/completed operations.

Garage Keepers and Garage Liability Insurance – An amount of not less than \$100,000.00.

All policies of Insurance shall contain an endorsement providing for collision coverage for vehicles in tow.

Please detail any and all successful civil complaints filed against the owner, agent thereof, the corporation or any officer thereof of deceptive business practices including but not limited to insurance fraud, price gouging, or other similar complaint or offense. This shall not be construed to be limited to substantiated complaints with regards to towing services. (If this is an Initial Application then please list all. If this is a Renewal Application for a Valid License only list anything new since last licensed period)

WRECKER LICENSE APPLICATION

Personal Information Sheet

One must be filled out and signed by each owner, agent and employee

(Organization Name/Address/Phone #)

Contact Person : _____ Position : _____

I CERTIFY THAT THE FOLLOWING PERSON IS AN APPLICANT FOR THE ABOVE- NAMED ORGANIZATION:

PLEASE PRINT
INCOMPLETE FORMS WILL BE RETURNED

Name: _____ Alias/ Maiden Name: _____
 First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ SS#: _____ - _____ - _____

Place of birth: _____ Citizenship: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License #: _____

Marks/ Scars/ Amputations: _____

Occupation: _____ Employer's Phone #: _____

Employer Address: _____

I, _____, being of full age, hereby certify that all of the above information is correct. I hereby authorize the Franklin Township Police Department to conduct a criminal background investigation to determine my eligibility to operate a towing service in the Township of Franklin. I understand that I will be notified in writing at the above referenced address of any criminal history records that are discovered during this investigation.

Applicant Signature: _____ Date: _____

Sworn and subscribed before me

this _____ day of _____, 20_____

Notary Public of New Jersey