Pequannock Township Police Wrecker Application

Owner	Business Nan	ne
Business Address	Tow Yard Add	ress
Home Address		
Business Phone	Cell Phone	Email Address
	Vehicles must have the followin	g equipment:

1.	Passed motor vehicle inspection	Yes	No
2.	PTO controlled winch w/ minimum 3/8 winch cable	Yes	No
3.	Minimum ¾" safety chain	Yes	No
4.	Front and rear flashing lights & amber light bar	Yes	No
5.	Portable car dolly	Yes	No
6.	Company name, address & phone 3" on truck	Yes	No
7.	Shovel, broom, & speedy dry for cleanup	Yes	No
8.	Wheel Chocks	Yes	No
9.	Available space for storage of towed vehicles	Yes	No
10.	Capable of towing all makes of cars/small trucks	Yes	No

The additional minimum standards for wreckers applies:

- 1. Wreckers shall be a minimum of 3/4 ton according to the manufacturer's specifications
- 2. Gross vehicle weight equal to the vehicles to be towed, with a minimum of 5,500 pounds.
- 3. All towing company drivers will carry their business cards and must give it to the owner/driver of the vehicle to be towed.
- 4. All lights shall be of such candle power in the intensity as to be visible 1/4 mile away.
- 5. Must adhere to any and all other Pequannock Township ordinance requirements.

	Truck #1	
Make	Model	Color
V.I.N. #		
Gross Weight	Year	Registration #
Expiration	Insurance Company	Policy Number
	Truck #2	
Make	Model	Color
V.I.N. #		
Gross Weight	Year	Registration #
Expiration	Insurance Company	Policy Number
	Truck #3	
Make	Model	Color
V.I.N. #		
Gross Weight	Year	Registration #
Expiration	Insurance Company	Policy Number

	Truck #4	
ake	Model	Color
I.N. #		
ross Weight	Year	Registration #
piration	Insurance Company	Policy Number
Is the company a subsi	diary or affiliated with any other business e	ntity?
Yes () No ()		
If your answer is YES,	list here the name and addresses of said	business entities and the nature of the
If your answer is YES, interest or affiliation:	list here the name and addresses of said	business entities and the nature of the
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interest or affiliation:	esses of all corporate officers, e.g. president, directions	
interest or affiliation: List the names and addre		
List the names and addresof the company:	esses of all corporate officers, e.g. president, dire	
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State the number of years this company	has been in business:	ye	ears
Has your company ever failed to comparrangement? Is your company current public entities?			
Yes () No ()			
If yes, please explain			
List all vehicle operators, their legal addr	resses & include a copy (fro	nt and back) of their driver	s' licenses:

Insurance Requirements

Insurance requirements shall be as follows and a corresponding Certificate of Insurance must be submitted with the application, identifying the Township of Pequannock as additionally insured (Township Code Chapter 352-10):

A. No wrecker shall be licensed hereunder nor shall any licensed wrecker be operated within the Township unless there shall be deposited with the Township Clerk the following insurance policies or certificates of insurance:

- (1) Auto garage keeper's policy. Auto garage keeper's legal liability policy covering fire, theft, and explosion in the minimum amount of \$25,000 and collision coverage subject to \$100 deductible, with each accident deemed a separate claim.
- (2) Garage liability policy. A garage liability policy covering the operation of the applicant's equipment or vehicles for any bodily injury or property damage. This policy shall be in the amount of \$100,000/\$300,000.
- B. Each policy required must contain an endorsement providing 10 days' notice to the Township in the event of any material change or cancellation for any cause.
- C. In the event that the policy is changed so as to fail to conform to the above requirements, or if any policy of any approved wrecker is cancelled for any reason, the Chief of Police shall notify the person responsible for the policy within 10 days after the notice is received and before the date of cancellation. If the policy or certificate is not corrected, reinstated or replaced within the required time, the Chief of Police shall immediately suspend the wrecker license.
- D. The Township of Pequannock must be named as an additional insured under the liability portion of the insurance coverage.
- E. Indemnification and liability.
 - (1) The licensee shall indemnify and hold harmless the Township for liability from any and all obligations, liabilities, judgments, claims and demands for personal injuries, including wrongful death, as well as all claims for damages to property which may arise out of this agreement and the work performed hereunder, provided that the same results from the negligent actions or omissions of the licensee.
 - (2) The licensee further agrees to save and hold harmless the Township and to defend at its own cost and expense any such claims or lawsuits instituted by third parties against the Township, provided that the same results from the negligent actions or omissions of the licensee.

Business Registration Certificate Requirement

NJ BRC - A New Jersey Business Registration Certificate is required.

W-9 Requirement

W-9 - A W-9 is required.

Certificate of Employee Information Report

A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with *N.J.A.C.* 17:27 et seq. The vendor must provide a copy of the Certificate to the Owner as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division.

dentify the location and describe your company's storage facility. You must have a storage facility located within the Township of Pequannock or within five (5) miles of the Pequannock Township municipal building, located at 530 Newark Pompton Turnpike, Pompton Plains, NJ 07444. A letter must be provided from the zoning officer of the Township of Pequannock or the municipality where the storage facility is located, indicating that said facility complies with applicable zoning laws and requirements.		
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Liberation I hereby certify, under penalty of law, that the info	ormation provided in this application is true and accurate.
Thorough contains, and on postally or law, and also him	
Name (printed)	 Date
Signature	