



For Office Use Only:

License #: _____

Village of Suffern

61 Washington Avenue
Suffern, New York 10901

POLICE TOWING APPLICATION

_____ INITIAL Application

_____ RENEWAL Application

Name of Applicant: _____

Permanent Home Address of Applicant: _____

Business Name: _____

Business Address: _____

No. of trucks to be operated in towing business: _____

No. of Operators w/Class A: _____

No. of Operators w/Class B: _____

No. of Operators w/Class C: _____

No. of Operators w/Class D: _____

REQUIRED INFORMATION

CERTIFICATE OF INSURANCE FOR BUSINESS AND STORAGE AREA ATTACHED? _____

CERTIFICATE OF INSURANCE FOR ALL TOWING VEHICLES ATTACHED? _____

REGISTRATION FOR ALL TOWING VEHICLES ATTACHED _____

PROOF OF INSURANCE FOR EACH REGISTERED DRIVER? _____

COPY OF DRIVER'S LICENSE FOR EACH REGISTERED DRIVER? _____

VILLAGE OF SUFFERN

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Date of Application

POLICE TOWING APPLICATION

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

Business Name		Business Property Owned <input type="checkbox"/> Rented <input type="checkbox"/>	
Business Address	City	State	Zip Code
Address of impound area (if different from above)	Business Phone #		
Owner's Name(s)	Email		
Address	City	State	Zip Code
Date of Birth	Driver's License #		
List past towing and storage experience.			
Have you ever been convicted of a crime or a disorderly persons offense?			
If YES, Where, when and on what charge?			
Are there available spaces for towed and stored vehicles?			
Is there a minimum 7' high fence with one lockable gate?			
Additional owners, partners or corporate officers must be listed on Page 2.			
I hereby certify that all the information contained herein is true and accurate. I have reviewed Village of Suffern Local Law 5 of 2020.			
_____ Signature of Owner			

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POLICE TOWING LICENSE APPLICATION

ALL additional owner/operators must answer the following questions. Use N/A if it does not apply.

1. Name		Address	
City/State/Zip		Date of Birth	
Driver License #	Telephone #	Cell Phone#	
Addresses where you have resided in the last two years, if different than above.			
Have you ever been convicted of a crime or disorderly persons offense? ____Yes ____No			
If YES, Where, when and on what charge?			
2. Name		Address	
City/State/Zip		Date of Birth	
Driver License #	Telephone #	Cell Phone#	
Addresses where you have resided in the last two years, if different than above.			
Have you ever been convicted of a crime or disorderly persons offense? ____Yes ____No			
If YES, Where, when and on what charge?			
Include Additional Sheets As Required			

Date of Application _____

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APPLICATION FOR TOW TRUCK OPERATOR

**Each driver, other than an owner(s) listed on this application
must complete a tow truck operator/driver application**

Name	Cell Phone #
Address	Home Phone #
City/State/Zip Code	Date of Birth
Name of towing company where employed	
Driver License #	State of Issue
Addresses where you have resided in the last two years (if different than above)	
Have you ever been convicted of a crime or a disorderly persons offense?	
If YES, Where, when and on what charge?	

Sworn and Subscribed this

_____ day of _____ 20 _____

Notary Public _____

Date of Application

Village of Suffern
61 Washington Avenue
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WRECKER AND TOW TRUCK INFORMATION
(One application required for each truck)

Owner/Lessee																																							
Address		City/State																																					
Truck Make	Model	Year	Color																																				
VIN	Registration	Exp. Date	GVW																																				
Insurance Company		Policy #																																					
<p>Circle all that apply.</p> <table><tr><td>1. Passed New York MV Inspection?</td><td>YES</td><td>NO</td></tr><tr><td>2. Minimum 3/8" cable?</td><td>YES</td><td>NO</td></tr><tr><td>3. Minimum 3/8" safety chain?</td><td>YES</td><td>NO</td></tr><tr><td>4. Front and rear flashing lights?</td><td>YES</td><td>NO</td></tr><tr><td>5. Rotating amber light or light bar?</td><td>YES</td><td>NO</td></tr><tr><td>6. Permit for light bar?</td><td>YES</td><td>NO</td></tr><tr><td>7. Company name, address and phone # on side of truck; at least 3" letters?</td><td>YES</td><td>NO</td></tr><tr><td>8. Shovel and broom for clean-up?</td><td>YES</td><td>NO</td></tr><tr><td>9. Wheel Chocks?</td><td>YES</td><td>NO</td></tr><tr><td>10. Portable car dolly?</td><td>YES</td><td>NO</td></tr><tr><td>11. Minimum 50 lb. bag of Speedy-Dry on truck?</td><td>YES</td><td>NO</td></tr><tr><td>12. Insurance ID card for this vehicle? (Attach copy)</td><td>YES</td><td>NO</td></tr></table>				1. Passed New York 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 Speedy-Dry on truck?	YES	NO	12. Insurance ID card for this vehicle? (Attach copy)	YES	NO
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POLICE TOWING LICENSE APPLICATION

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of the issuance of a Towing License by the Village of Suffern for the year 20__, applicant agrees to save and indemnify and hold harmless the Village of Suffern, its agents 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 and/or employees

Signature of Applicant/Owner

TOWING APPLICATION AFFIDAVIT

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 a Village of Suffern Towing License revocation.

Signature of Applicant/Owner

Sworn and Subscribed this

_____ day of _____ 20 _____

Notary Public _____