



POLICE DEPARTMENT

200 South Lincolnway
North Aurora, Illinois 60542
Phone: (630) 897-8705 Fax: (630) 897-8700
www.northaurora.org

DAVID C. FISHER
CHIEF OF POLICE

COMMERICAL VEHICLE RELOCATOR PERMIT APPLICATION

Application Type

- New Application
- Renewal
- Update Information

Relocator License Number

RLN

(For Police Dept.. Use Only)

APPLICANT'S IDENTITY

- Applicant is a(n):** Individual LLC
 Corporation Other Business

(For LLC, Business or Corporations, all owner(s) must be listed below)

ICC License Number

Full Legal Name

Trade Name

Address

City

State

Zip Code

Business Phone

Fax Phone

24-Hour Phone

APPLICANT'S OWNER(S)**

Owner Name

Address

Apt/Suite #

City

State

Zip Code

Home Phone

Business Phone

Other Phone

Owner Name

Address

Apt/Suite #

City

State

Zip Code

Home Phone

Business Phone

Other Phone

**If you need additional space, please feel free to copies from this application as necessary.

EMPLOYEE INFORMATION** (Information for every employee required to be licensed by the ICC must be listed)

Employee Type Relocator (Driver) Dispatcher ICC License Number

Last Name First Name Middle Initial

Address Apt/Suite #

City State Zip Code

Home Phone Business Phone 24 hr Phone

Date of Birth Soc.Sec. # IL Drivers License #

Race Gender Height Weight

Employee Type Relocator (Driver) Dispatcher ICC License Number

Last Name First Name Middle Initial

Address Apt/Suite #

City State Zip Code

Home Phone Business Phone 24 hr Phone

Date of Birth Soc.Sec. # IL Drivers License #

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Race Gender Height Weight

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APPLICANT'S VEHICLES** (Must list all vehicles operated by the applicant)

Assigned Vehicle #	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
VIN	<input type="text"/>			License Plate Number	<input type="text"/>	License PlateType	<input type="text"/>
Insurance Company	<input type="text"/>			Policy Number	<input type="text"/>		

Assigned Vehicle #	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
VIN	<input type="text"/>			License Plate Number	<input type="text"/>	License PlateType	<input type="text"/>
Insurance Company	<input type="text"/>			Policy Number	<input type="text"/>		

Assigned Vehicle #	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
VIN	<input type="text"/>			License Plate Number	<input type="text"/>	License PlateType	<input type="text"/>
Insurance Company	<input type="text"/>			Policy Number	<input type="text"/>		

Assigned Vehicle #	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
VIN	<input type="text"/>			License Plate Number	<input type="text"/>	License PlateType	<input type="text"/>
Insurance Company	<input type="text"/>			Policy Number	<input type="text"/>		

Assigned Vehicle #	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
VIN	<input type="text"/>			License Plate Number	<input type="text"/>	License PlateType	<input type="text"/>
Insurance Company	<input type="text"/>			Policy Number	<input type="text"/>		

Assigned Vehicle #	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
VIN	<input type="text"/>			License Plate Number	<input type="text"/>	License PlateType	<input type="text"/>
Insurance Company	<input type="text"/>			Policy Number	<input type="text"/>		

Assigned Vehicle #	<input type="text"/>	Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
VIN	<input type="text"/>			License Plate Number	<input type="text"/>	License PlateType	<input type="text"/>
Insurance Company	<input type="text"/>			Policy Number	<input type="text"/>		

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APPLICANT'S IMPOUND LOT(S)** *(Must list all locations where relocated vehicles are to be stored)*

Address	<input type="text"/>	<input type="radio"/> Owned	<input type="radio"/> Leased				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	County	<input type="text"/>
24 hr. Telephone #	<input type="text"/>	Days & Hours of Operation	<input type="text"/>				

Address	<input type="text"/>	<input type="radio"/> Owned	<input type="radio"/> Leased				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	County	<input type="text"/>
24 hr. Telephone #	<input type="text"/>	Days & Hours of Operation	<input type="text"/>				

Address	<input type="text"/>	<input type="radio"/> Owned	<input type="radio"/> Leased				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	County	<input type="text"/>
24 hr. Telephone #	<input type="text"/>	Days & Hours of Operation	<input type="text"/>				

LOCATIONS OF RELOCATION PRACTICE(S)/CONTRACT(S)** *(Must list all addresses of all locations where vehicles are to be towed from)*

Business/Location Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Property Contact Name	<input type="text"/>	Telephone Number	<input type="text"/>		

Business/Location Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Property Contact Name	<input type="text"/>	Telephone Number	<input type="text"/>		

Business/Location Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Property Contact Name	<input type="text"/>	Telephone Number	<input type="text"/>		

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AUTHORIZATION TO RELEASE INFORMATION

I, _____
Print Name

Authorize the Illinois State Police to release to the North Aurora Police Department information on criminal convictions relative to my fitness to be licensed as a Commercial Vehicle Relocator and authorize the Secretary of State Police to release to the North Aurora Police Department information related to title, registration and/or drivers license records of any person/ vehicle listed in this application.

Name of Relocator

Signature: _____

Date: _____

This form must be completed by every individual, partner, or employee.

ATTACHMENTS CHECKLIST

- The original completed application
- Proof of Security
- A copy of ICC License for the Commercial Relocator
- A copy of ICC License for each employee or agent
- A copy of of the current rates to charged for such services
- A copy of contracts between relocater/private property owner
- A check for \$125.00

All items listed above must be included with the application. Any missing attachments will render the application as incomplete

APPLICATION FEE: \$125.00 (Initial or Renewal Permit)

Make all checks payable to the **Village of North Aurora**

Send application and fees to:

North Aurora Police Department
Traffic Division
200 South Lincolnway
North Aurora, IL 60542

!! ALL FILING FEES ARE NON-REFUNDABLE !!