



**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

**POLICE TOW ROSTER APPLICATION**

**APPLICATION TYPE:**

- NEW APPLICATION
- RENEWAL
- UPDATED INFORMATION

**\*\* FOR POLICE USE ONLY \*\***

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Letter Sent: Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS IDENTITY**

FULL LEGAL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ YEARS IN BUSINESS

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ ILCC NUMBER \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ 24 HR. PHONE NUMBER: \_\_\_\_\_

INSURANCE CO. NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

**BUSINESS OWNER(S)**

FULL LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ 24 HR PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ 24 HR PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

**\*\*IF YOU NEED ADDITIONAL SPACE, PLEASE FEEL FREE TO MAKE COPIES FROM THIS APPLICATION AS NECESSARY.\*\***

**EMPLOYEE INFORMATION** \*\*(Information on every employee doing police tows must be listed.)

LAST NAME:  FIRST NAME:  MIDDLE INITIAL:

D.O.B.:  HOME STREET ADDRESS:

CITY:  STATE:  ZIP CODE:

SOC. SEC. #:  DRIVERS LICENSE #:  DOT HEALTH CARD EXP.:

24 HR. PHONE:  HOME PHONE:  YEARS EMPLOYED

TRAINING CERTIFICATIONS

LAST NAME:  FIRST NAME:  MIDDLE INITIAL:

D.O.B.:  HOME STREET ADDRESS:

CITY:  STATE:  ZIP CODE:

SOC. SEC. #:  DRIVERS LICENSE #:  DOT HEALTH CARD EXP.:

24 HR. PHONE:  HOME PHONE:  YEARS EMPLOYED

TRAINING CERTIFICATIONS

LAST NAME:  FIRST NAME:  MIDDLE INITIAL:

D.O.B.:  HOME STREET ADDRESS:

CITY:  STATE:  ZIP CODE:

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24 HR. PHONE:  HOME PHONE:  YEARS EMPLOYED

TRAINING CERTIFICATIONS

LAST NAME:  FIRST NAME:  MIDDLE INITIAL:

D.O.B.:  HOME STREET ADDRESS:

CITY:  STATE:  ZIP CODE:

SOC. SEC. #:  DRIVERS LICENSE #:  DOT HEALTH CARD EXP.:

24 HR. PHONE:  HOME PHONE:  YEARS EMPLOYED

TRAINING CERTIFICATIONS

**APPLICANT'S VEHICLES \*\*** (Must list all vehicles operated by the applicant that will be used for police tows)

ASSIGNED VEHICLE#:  COLOR:  YEAR:  MAKE:  MODEL:

VEHICLE TYPE:  FLAT BED  WRECKER VIN#:

LICENSE PLATE#:  LICENSE PLATE TYPE#:  SAFETY STICKER EXPIRATION:

INSURANCE CO.NAME:  POLICY #:  EXPIRATION DATE:

ASSIGNED VEHICLE#:  COLOR:  YEAR:  MAKE:  MODEL:

VEHICLE TYPE:  FLAT BED  WRECKER VIN#:

LICENSE PLATE#:  LICENSE PLATE TYPE#:  SAFETY STICKER EXPIRATION:

INSURANCE CO.NAME:  POLICY #:  EXPIRATION DATE:

ASSIGNED VEHICLE#:  COLOR:  YEAR:  MAKE:  MODEL:

VEHICLE TYPE:  FLAT BED  WRECKER VIN#:

LICENSE PLATE#:  LICENSE PLATE TYPE#:  SAFETY STICKER EXPIRATION:

INSURANCE CO.NAME:  POLICY #:  EXPIRATION DATE:

ASSIGNED VEHICLE#:  COLOR:  YEAR:  MAKE:  MODEL:

VEHICLE TYPE:  FLAT BED  WRECKER VIN#:

LICENSE PLATE#:  LICENSE PLATE TYPE#:  SAFETY STICKER EXPIRATION:

INSURANCE CO.NAME:  POLICY #:  EXPIRATION DATE:

ASSIGNED VEHICLE#:  COLOR:  YEAR:  MAKE:  MODEL:

VEHICLE TYPE:  FLAT BED  WRECKER VIN#:

LICENSE PLATE#:  LICENSE PLATE TYPE#:  SAFETY STICKER EXPIRATION:

INSURANCE CO.NAME:  POLICY #:  EXPIRATION DATE:

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

Address   Owned  Leased

City  State  Zip Code  County

24 hr. Telephone #  Days & Hours of Operation

Address   Owned  Leased

City  State  Zip Code  County

24 hr. Telephone #  Days & Hours of Operation

Address   Owned  Leased

City  State  Zip Code  County

24 hr. Telephone #  Days & Hours of Operation

Address   Owned  Leased

City  State  Zip Code  County

24 hr. Telephone #  Days & Hours of Operation

**List any ICC complaints or any complaints issued by another State, County, or Municipal Police agency doing business with you:**

**List other police agencies that you currently tow for. You may attach letters of recommendation to this application**

## ATTACHMENTS CHECKLIST

- The original completed application
- Proof of Security / Insurance
- A copy of ICC License for the business
- A copy of of the current rates to charged for police tows
- Proof of Workers Compensation Liability
- A copy of ICC License for each employee or agent

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

### **WARNING:**

This original application, fully completed, with a copy of applicable proof of insurance, and all other insurance requirements outlined in Village of North Aurora Ordinance **Chapter 9.40 - Seizure and Impoundment of Vehicles** must be returned to the North Aurora Police Department Traffic Unit by **8:00 AM, February 12, 2016**. The Village of North Aurora Municipal Code of Ordinances is available on-line at [www.northaurora.org](http://www.northaurora.org).

Incomplete applications or applications without the necessary attachments will result in the application being removed from consideration. This application is valid for the duration of the tow roster (February 1, 2016 thru January 31, 2018) and is not self renewing. Check your application carefully prior to submittal.

In the event any of the current (6) tow companies do not meet the minimum requirements or are deemed no longer in good standing with the Village of North Aurora/North Aurora Police Department, all other applicants will be contacted for inspection. Consideration for selection is on the recommendation of the North Aurora Police Department Traffic Unit to the Chief of Police. The Chief of Police has the final authority in determining placement of any company on this roster.

### **CERTIFICATION:**

I, \_\_\_\_\_, certify I have reviewed and understand Village of North Aurora Code Chapter 9.40 as it pertains to Towing Services. All information contained in this application and its attachments is true and correct. I understand falsification or misrepresentation of any part of this application or its attachments will result in the application being immediately removed from consideration for one year.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

State of Illinois :  
                          :     ss  
County of Kane    :

Subscribed and sworn before me, a Notary Public, in and for the State of Illinois and County above named,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public