



POLICE DEPARTMENT

200 South Lincolnway
 North Aurora, Illinois 60542
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 www.northaurora.org

Joseph DeLeo
 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

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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

