



# POLICE DEPARTMENT

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

**JOSEPH D. DELEO**  
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

ICC License Number

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

Full Legal Name

Trade Name

Address

City  State  Zip Code

Business Phone  Email  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  Email  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 #

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 #

Race    Gender    Height    Weight

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ICC License Number

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Apt/Suite #

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Business Phone

24 hr Phone

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IL Drivers License #

Race

Gender

Height

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**Employee Type**

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Business Phone

24 hr Phone

Date of Birth

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IL Drivers License #

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   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

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

Business/Location Name   
Address   
City  State  Zip Code   
Property Contact Name  Telephone Number

Business/Location Name   
Address   
City  State  Zip Code   
Property Contact Name  Telephone Number

Business/Location Name   
Address   
City  State  Zip Code   
Property Contact Name  Telephone Number

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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 !!**