



# TOWNSHIP OF MORRIS

50 WOODLAND AVENUE  
P.O. BOX 7603  
CONVENT STATION, NEW JERSEY 07961-7603  
FAX NO. (973) 605-8363  
WWW.MORRISTWP.COM

Suzanne V. Walsh  
Morris Township Clerk

973-326-7430

## APPLICATION FOR TOWING AND STORAGE SERVICE OPERATOR LICENSE

APPLICATION FEE: \$300.00

DATE SUBMITTED: \_\_\_\_\_

DATE ISSUED: JANUARY 1, 20\_\_\_\_ EXPIRATION: DECEMBER 31, 20\_\_\_\_

(THREE (3) YEAR LICENSE)

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PLEASE TYPE OR PRINT CLEARLY

**ALL VEHICLES MUST BE INSURED AND HAVE A CURRENT REGISTRATION**

NAME OF TOWING SERVICE:

\_\_\_\_\_

NAME OF TOWING SERVICE OPERATOR/OWNER:

\_\_\_\_\_

ADDRESS OF BUSINESS:

\_\_\_\_\_

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

24 HOUR PHONE NUMBER: \_\_\_\_\_

*(MUST BE INCLUDED)*

IF applicable, OWNERS ADDRESS & PHONE NUMBER:

\_\_\_\_\_

STREET	CITY	STATE	ZIP CODE
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PHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

**TOW TRUCK DRIVER(S):**

**LIGHT AND MEDIUM DUTY DRIVER(S) – LEVEL 1**

**HEAVY DUTY DRIVERS – LEVEL 2** MUST HAVE CDL ENDORSEMENT ON THEIR LICENSE

**RECOVERY SUPERVISOR(S) – LEVEL 3** MUST HAVE CDL ENDORSEMENT ON THEIR LICENSE

NOTE: NEW HIRES MUST OBTAIN CERTIFICATION WITHIN NINE (9) MONTHS FROM START OF EMPLOYMENT

NAME AND ADDRESS	DATE OF HIRE	DRIVERS LICENSE #	CHECK LEVELS THAT APPLY*	CLASS (A, B, C, OR D)	D/O/B	SS#
			<input type="checkbox"/> LEVEL 1			
			<input type="checkbox"/> LEVEL 2			
			<input type="checkbox"/> LEVEL 3			
			<input type="checkbox"/> LEVEL 1			
			<input type="checkbox"/> LEVEL 2			
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			<input type="checkbox"/> LEVEL 2			
			<input type="checkbox"/> LEVEL 3			

\*A COPY OF THE TRAINING COURSE CERTIFICATION MUST BE ATTACHED TO THIS APPLICATION FOR EACH LEVEL 1, 2, & 3 DRIVER

**NOTE: THE POLICE DEPARTMENT IS TO BE NOTIFIED OF ANY CHANGES IN HIRING**

COMMENTS:

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COMMENTS:

If 2 pages are needed



**OWNERS CERTIFICATION**

The owner/operator of this company hereby certifies that it has provided proof to the Township of Morris Clerk, the ongoing training and education of its employees. I also agree that there shall be minimum of six (6) hours of training per employee per year and shall be certified to the Clerk on a yearly basis.

I shall notify the Clerk and Police Dept. of all new hires. Notifications will include all pertinent information as set forth in this application.

I, \_\_\_\_\_ hereby attest that the foregoing is true and that I hereby agree to all terms and requirements as specified in "460-14 Towing and Storage Charges" of the Township of Morris code, and agree to all terms and requirements specified.

OWNER'S SIGNATURE: \_\_\_\_\_

NOTARY:  
SWORN TO AND SUBSCRIBED BEFORE ME

(SEAL)

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY'S SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE  
FOR TOWNSHIP OF MORRIS OFFICE USE ONLY**

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CERTIFICATE OF INSURANCE RECEIVED \_\_\_\_\_

ACCEPTED \_\_\_\_\_

REJECTED \_\_\_\_\_

REASON FOR REJECTION:

\_\_\_\_\_  
**POLICY – CERTIFICATES OF INSURANCE SHALL BE REVIEWED FOR ACCURACY AND VALIDITY BY THE TOWNSHIP INSURANCE COMPANY.**