

**BOROUGH OF UNION BEACH
WRECKER APPLICATION**

Application No: _____

Year: _____

**CHECKLIST FOR WRECKER LICENSE
YEAR _____**

Name of Applicant: _____

Business Name: _____

Address: _____

_____ Background Check for Owner

_____ Registration for EACH Vehicles

_____ Insurance for EACH Vehicle

FEES COLLECTED:

Application Fee: \$250.00

Wrecker Fee: \$25.00 per wrecker licensed

Please make all checks payable to Borough of Union Beach

Date: _____ Signature of Applicant: _____

Date Received in the Clerk's Office: _____ by _____

Date forwarded to UBPD for Background Investigation _____ by _____

BOROUGH OF UNION BEACH WRECKER APPLICATION

Application No: _____

Year: _____

1. Full name and address of owner, lessee or bailee of the wrecker.

2. Full name, address, and phone number of the applicant.

3. Description of wrecker:

Make _____

Model No. _____

Year _____

Color _____

Driver Registration No. _____

Driver License No. _____

4. Name and location where wrecker vehicles are stored.

5. Name and location where impound vehicles are stored.

6. Insurance Requirements:

Property damage minimum \$25,000.

Company Name _____

Address _____

Expiration Date _____

Public Liability minimum \$100,000 per claim, \$300,000 aggregate.

Company _____

Address _____

Expiration Date _____

****CERTIFICATES OF INSURANCE MUST ACCOMPANY APPLICATION WHEN
SUBMITTED****

BOROUGH OF UNION BEACH WRECKER APPLICATION

Application No: _____

Year: _____

Full name and address of the applicant:

Trade Name: _____

Description of Wrecker Vehicles:

A. Year _____ Make _____
Model _____ Color _____
Driver Registration Number _____
Driver's License Number _____
License Plate Number _____

B. Year _____ Make _____
Model _____ Color _____
Driver Registration Number _____
Driver's License Number _____
License Plate Number _____

C. Year _____ Make _____
Model _____ Color _____
Driver Registration Number _____
Driver's License Number _____
License Plate Number _____

D. Year _____ Make _____
Model _____ Color _____
Driver Registration Number _____
Driver's License Number _____
License Plate Number _____

BOROUGH OF UNION BEACH POLICE DEPARTMENT

Michael J. Woodrow
CHIEF OF POLICE

Shawn T. Gilkison
Captain of Police

Please print all following information requested in order for the Borough of Union Beach to complete a background check. Then contact the department to be fingerprinted.

Position/Organization Applying for: _____

Company you work for (if Solicitor): _____

Name: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

Former Name: _____

Phone Number: _____

I hereby authorize the Borough of Union Beach to conduct a security background check on me. I understand that this security check will cover information including, but not limited to, criminal history, driving history, juvenile history and employment. I hereby release the Borough of Union Beach and its agents from all liability resulting from the furnishing of this information to the Borough of Union Beach.

I certify that the statements made by me on this form are true, complete and correct. I understand that any false statements made herein could void my consideration as a: Job Applicant, Volunteer, Vendor, to obtain any License or Permit.

Signature: _____

Date: _____