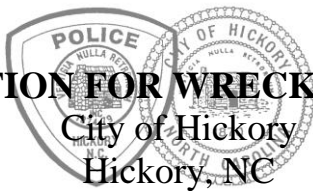


APPLICATION FOR WRECKER SERVICE



GENERAL INSTRUCTIONS

- A. Applications for wrecker service forms shall be completed by any person, firm or corporation requesting that the City of Hickory sign a agreement with the applicant wherein they shall provide wrecker service for the city of Hickory for the towing of vehicles at the request of the City of Hickory under the provisions of the current policy of the City of Hickory.

All applicants should read the Rotation Wrecker Service Policy prior to completing the application. Applications for the City of Hickory's Rotation Wrecker Service shall be completed by the legal owner of the wrecker service. All applications must be completed in their entirety. Incomplete applications will not be processed.

APPLICATION

- A. The undersigned hereby makes application to the City of Hickory for a agreement to furnish the towing and storage of vehicles at the request of the City of Hickory and under the provisions of the current agreement with the City of Hickory.

OWNER AND BUSINESS INFORMATION

1. Name of Owner:

2. Home Address:

3. Home Phone:

4. Business or Trade Name:

5. Business Address:

6. Business Phone:

7. Will wrecker service be on a continuous 24-hour per day operation each day of the year?

YES

NO

8. Does the applicant agree to have an on-call attendant 24-hours per day for the purpose of receiving calls and receiving and releasing stored vehicles?

YES

NO

STORAGE LOT INFORMATION

1. Location of storage lot:
2. Size of lot:
3. Does the storage lot contain a lockable building suitable for storage of vehicles? YES NO
4. Does the lot have a six (6) foot in height chain link or other security fence? YES NO
5. Does the fence have locking features? YES NO
6. Will the storage lot be maintained with paving and/or gravel?
paved
gravel YES NO
7. Are the storage lot and office facilities on the same property? YES NO
8. Does the applicant agree to not release any vehicle impounded without authorization of the City? YES NO

INSURANCE INFORMATION

A. GARAGE KEEPER'S POLICY

1. Dollar Coverage:
2. Date of Issuance:
3. Policy Number:
4. Carrier:
5. Agent for Carrier:

6. Agent's Address:

7. Agent's Phone:

B. GARAGE LIABILITY POLICY (Minimum \$300,000)

1. Coverage for Injury:

2. Coverage for Death:

3. Coverage for Property Damage:

4. Date of Policy:

5. Policy Number:

6. Carrier:

7. Carrier Address:

8. Agent for Carrier:

9. Agent's Address:

10. Agent's Phone:

C. Does each policy carry an endorsement by the carrier providing for notice to both the City of Hickory and the insured in the event of any change in coverage?

YES

NO

EQUIPMENT INFORMATION

1. Total number of wreckers to be used?

Vehicle Year	Vehicle Make	Vehicle Weight	Rig Make	Rig Capacity	Power Source	Dolly	
						Yes	No

2. Does the applicant possess a towing vehicle and rig capable of removing and towing a trailer rig? YES NO
3. Are all wreckers equipped with warning lights required by N.C. General Statutes? YES NO

RECORDS AND INSPECTIONS INFORMATION

1. Does the applicant agree to maintain approved records on vehicles towed at the request of the City of Hickory? YES NO
2. Does the applicant agree to these records being open for review and inspection upon request of the Chief of Police or designee? YES NO
3. Does the applicant agree to have his equipment and storage lot subject to the required inspection? YES NO

BUSINESS REFERENCES

List three (3) references who can verify your performance as a wrecker company. Hickory Police Department will utilize this information to help determine your firm's ability to provide the services specified in this application. Inaccurate, obsolete or negative responses from the listed references could result in rejection of your application.

REFERENCE ONE

Government/Company Name:

Address:

Contact Person and Title:

Telephone Number:

E-mail Address:

Scope of Work:

Agreement Period:

REFERENCE TWO

Government/Company Name:

Address:

Contact Person and Title:

Telephone Number:

E-mail Address:

Scope of Work:

Agreement Period:

REFERENCE THREE

Government/Company Name:

Address:

Contact Person and Title:

Telephone Number:

E-mail Address:

Scope of Work:

Agreement Period:

PERSONNEL (AUTHORIZED DRIVERS) WHO DRIVES YOUR WRECKERS

1. Name:

Address:

City/State/Zip:

Date of Birth:

License Number:

Issuing State:

	Has driver ever been charged with any criminal charges, excluding minor traffic violations?	YES	NO
If yes, please list:			

2. Name:

Address:

City/State/Zip:

Date of Birth:

License Number:

Issuing State:

	Has driver ever been charged with any criminal charges, excluding minor traffic violations?	YES	NO
If yes, please list:			

3. Name:

Address:

City/State/Zip:

Date of Birth:

License Number:

Issuing State:

	Has driver ever been charged with any criminal charges, excluding minor traffic violations?	YES	NO
If yes, please list:			

4. Name:

Address:

City/State/Zip:

Date of Birth:

License Number:

Issuing State:

	Has driver ever been charged with any criminal charges, excluding minor traffic violations?	YES	NO
If yes, please list:			

5. Name:

Address:

City/State/Zip:

Date of Birth:

License Number:

Issuing State:

	Has driver ever been charged with any criminal charges, excluding minor traffic violations?	YES	NO
If yes, please list:			

6. Name:

Address:

City/State/Zip:

Date of Birth:

License Number:

Issuing State:

	Has driver ever been charged with any criminal charges, excluding minor traffic violations?	YES	NO
If yes, please list:			

WRECKER TOW FEES

Name of Towing Service			
Address			
City			
State			
Owner			
Office Phone			
Mobile Phone			
Services Provided	Reg. Hours (8am-5pm M-F) Fee	Business	After Hours Fee
Towing Fees			
Regular Tow			
Heavy Duty Tow			
Collision Towing Fees			
Accident Calls			
Additional Service(s)	Fee		
Dolly Charge			
Winch Fee			
Clean up (more than accident scene)			
Overtured Vehicle Charge			
Storage Cost per day			
On Scene Wait Over 1 Hours costs			
Unlock Vehicle			
After Hours Gate Fee for Vehicle Owners			

I HAVE READ THE ROTATION WRECKER SERVICE POLICY. ALL INFORMATION ENTERED BY ME ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

BY SIGNING THIS APPLICATION, I UNDERSTAND I AUTHORIZE THE HICKORY POLICE DEPARTMENT TO CONDUCT A DRIVERS LICENSE INQUIRY OF ALL DRIVERS AND CRIMINAL HISTORY CHECK OF THE APPLICANT/OWNERS.

APPLICANT SIGNATURE

DATE OF APPLICATION