

2020-
2021

TOWN OF HUNTINGTON
ANDREW P. RAI, TOWN CLERK
100 MAIN STREET, HUNTINGTON NY 11743
(631) 351-3206, Fax (631) 351-3205

Received:
(Date Stamp)

Clerk Initials: _____

APPLICATION FOR TOW TRUCK VEHICLE OPERATOR PERMIT

(All questions must be answered. Failure to properly complete application may cause delay in issuance of license in accordance with Town of Huntington Code, Chapter 183, Tow Trucks and Towing for Hire.)

PERMIT FEE: \$45.00

PERSONAL DATA:

NAME:

LAST FIRST MIDDLE INITIAL

MARITAL STATUS: _____ MAIDEN NAME OR ALIAS: _____

ADDRESS: LOCAL: _____

LEGAL (IF DIFFERENT FROM ABOVE): _____

RESIDENCE FOR PAST FIVE (5) YEARS if different from above:

TELEPHONE NUMBER: _____ EMAIL _____ SOCIAL SECURITY # _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

NYS DRIVER LICENSE ID No.: _____ CLASS: _____

AUTHORIZATION TO CONDUCT EXAMINATION OF DRIVING RECORD: YES NO
(Copy of Driver License required)

WITNESSED STATEMENT FROM DOCTOR (within thirty (30) days of application) IS ATTACHED TO APPLICATION: YES NO COMMENT: _____

RESULTS OF URINE TESTING ATTACHED TO APPLICATION: YES NO
COMMENT: _____

TWO (2) IDENTICAL PHOTOGRAPHS, TWO (2) X TWO (2) INCHES IN SIZE SHOWING HEAD AND SHOULDERS OF APPLICANT, TAKEN NO LONGER THAN SIXTY (60) DAYS PRIOR TO SUBMISSION OF APPLICATION ATTACHED: YES NO COMMENT: _____

ANY CONVICTIONS FOR FELONIES OR MISDEMEANORS OR VIOLATIONS OF ANY MUNICIPAL CODES: NO YES (Please complete):

What Court: _____; Where: _____; When: _____

Charge/Sentence: _____; Docket/File/Index/Indictment No.: _____
(If additional space is required, continue on a blank sheet of paper and attach to this application)

BUSINESS DATA:

PLACE OF BUSINESS AND/OR EMPLOYMENT FOR PAST FIVE (5) YEARS (Include names and addresses, if different from above and any other experience in towing for hire.):

ANY PREVIOUS LICENSES HELD IN ANY OCCUPATIONS: NO YES (Please complete)
TYPE: _____ WHEN: _____ WHERE: _____ HOW LONG: _____

SUSPENDED/REVOKED: NO YES DATE OF SUSPENSION: _____

REASON FOR SUSPENSION: _____

(Please see reverse of this application for additional information)

ADDITIONAL REQUIREMENTS TO BE MET BEFORE ISSUANCE OF OPERATOR PERMIT:

PERMITTEES ARE RESPONSIBLE FOR INSURING THEY TAKE SUCH TRAINING COURSE AS MAY BE PRESCRIBED, FROM TIME TO TIME, BY ANY APPLICABLE LAWS, SPECIFICALLY DESIGNED TO EDUCATE AND FAMILIARIZE THEM WITH CUSTOMARY SAFETY STANDARDS. EVIDENCE OF SATISFACTORY COMPLETION OF SUCH COURSES SHALL BE FILED WITH THE PERMIT APPLICATION. CURRENT PERMIT HOLDERS SHALL FILE PROOF THEY ARE REGULARLY ATTENDING AND/OR HAVE SATISFACTORILY COMPLETED SUCH COURSES.

AS PER TOWN CODE, CHAPTER 183: TOW TRUCKS AND TOWING FOR HIRE, NO PERMIT SHALL BE ISSUED UNTIL RESPONSES BY CRIMINAL JUSTICE SERVICES AND DEPARTMENT OF MOTOR VEHICLES HAVE BEEN RECEIVED, ALL PRESCRIBED FEES HAVE BEEN PAID, AND THE APPLICATION HAS BEEN APPROVED BY THE TOWN CLERK.

ALL VEHICLE OPERATOR PERMITS HEREUNDER SHALL EXPIRE AT 12:00 MIDNIGHT ON THE FIRST DAY OF OCTOBER FOLLOWING THE DATE OF ISSUANCE, REGARDLESS OF THE DATE OF ISSUANCE THEREOF.

PERMITTEES MUST COMPLY IN FULL WITH TOWN OF HUNTINGTON CODE, CHAPTER 183: TWO TRUCKS AND TOWING FOR HIRE.

I UNDERSTAND AND HAVE ANSWERED THE FOREGOING QUESTIONS AND STATE THAT ALL INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. ANY CHANGE IN CIRCUMSTANCE WITH REGARD TO INFORMATION REQUIRED HEREINABOVE SHALL BE REPORTED WITHIN THIRTY (30) DAYS OF OCCURRENCE.

(Signature of Applicant) (Date)

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

FOR OFFICE USE ONLY

PERMIT # _____ ISSUED ON: _____ BY CLERK: _____

PERMITTEE WORKS FOR: _____

DCJS RETURNED: _____ RESULTS: _____

DMV CHECK TO CODE ENFORCEMENT: _____ RESULTS: _____