

**APPLICATION TOWING SERVICES**  
**(In Accordance with Ordinance No.97-18)**

Application is hereby made for Towing Services in the City of Bridgeton. In order to comply with state laws and City Ordinances, the following information is furnished:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Business/ Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If incorporated, where incorporated and address of local office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner: \_\_\_\_\_

Lessee: \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**VEHICLE**

Tow Trucks or Wreckers Location: \_\_\_\_\_  
\_\_\_\_\_

Hourly Availability: \_\_\_\_\_



**State of New Jersey**  
**County of Cumberland**

I, \_\_\_\_\_ do hereby swear that all information contained herein  
is true and correct.

\_\_\_\_\_  
Applicant

Sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Police investigation report completed \_\_\_\_\_  
Date

Officer \_\_\_\_\_

**DIRECTOR OF PUBLIC SAFETY**

Approval: \_\_\_\_\_ Denial: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

Copy of Application to Police Department: \_\_\_\_\_  
Date

**City of Bridgeton**

**Release Authorization**

To all references, courts, Probation Departments, Employers, Schools, and other institutions and agencies without exceptions:

I, \_\_\_\_\_, am making application for licensure in the City of Bridgeton. As a result an investigation is being conducted to determine my eligibility.

Therefore, you are authorized to release to the Bridgeton Police Department, or its representatives, any and all information you may have on file pertaining to me, whether this is documentary, oral, or otherwise, that they may request.

A Photostat copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Signature/Firma

\_\_\_\_\_  
Print Name/Imprima Nombre

\_\_\_\_\_  
Address/Direccion

\_\_\_\_\_  
Date/ Fecha

\_\_\_\_\_  
DOB/ Fecha De Nacimiento

\_\_\_\_\_  
SS# / Numero de Seguro Social

\_\_\_\_\_  
Witness/Testigo

\_\_\_\_\_  
Date/Fecha

**ACKNOWLEDGMENT**

I, \_\_\_\_\_ hereby acknowledge receipt of Chapter 334 of the Code of the City of Bridgeton pertaining to and regulating the conduct of towing license

Dated: \_\_\_\_\_

Signature \_\_\_\_\_