

Town of Newport
Newport Police Department

APPLICATION FOR WRECKER ROTATION INCLUSION

Company:	
Contact:	
Address:	
Telephone:	

I acknowledge and understand the requirements and regulations set forth in the Newport Rotation Wrecker Policy.

I certify that I am now in full compliance with these regulations and agree to comply with these regulations at all times while my wrecker is on the Newport Rotation Wrecker List.

I understand that my failure to comply with these regulations will result in removal of my wrecker from the list as specified.

Signature	Date

Witness Signature	Date

The following portion of the form shall be completed by the appropriate Patrol Sergeant or designee after the documents are submitted to the Chief of Police or designee by the wrecker service and **prior** to the inspection by the Patrol Sergeant.

	Yes	No
Criminal record check of all drivers and owner	<input type="checkbox"/>	<input type="checkbox"/>
Copy of current Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>
Copy of vehicle registrations for all wreckers on rotation	<input type="checkbox"/>	<input type="checkbox"/>
Price List for year of application (submitted on HP-304C)	<input type="checkbox"/>	<input type="checkbox"/>
Certified Driver's License Record Checks for all Wrecker Drivers	<input type="checkbox"/>	<input type="checkbox"/>
Photo copy of Driver's License for all wrecker drivers (black and white copies only)	<input type="checkbox"/>	<input type="checkbox"/>
Photo copy of Social Security Card with last four (4) digits only visible , and (if applicable), valid work VISA, or other appropriate INS documentation for all wrecker drivers and owner(s)	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Inspected By:	
Date:	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No