

CONSUMER PROTECTION / WEIGHTS & MEASURES

50 Sanatorium Road, Building A, 8th Floor
Pomona, New York 10970
Phone: (845) 364-3901 Fax: (845) 364-3902
Email: CPLCAL@co.rockland.ny.us

Kimberly Von Ronn, Esq.
Director and Public Advocate

Dear Sir or Madam:

Chapter 394 of the Laws of Rockland County requires that persons doing business as tow truck operators obtain a Rockland County license. Anyone operating a towing business in Rockland County without a license will be subject to civil and criminal penalties.

Enclosed is a copy of this law, general instructions, and a license application. Before filling out the enclosed application form, please be sure to read the enclosed law and the instructions carefully. The application must be notarized.

To allow us time to process your application, **we urge you to return it as soon as possible**. Please contact this office if you have any questions concerning the enclosed materials.

Enclosed.

**OFFICE OF CONSUMER PROTECTION
LICENSING DIVISION
COUNTY OF ROCKLAND
50 Sanatorium Road, Building A, 8th Floor
Pomona, NY 10970**

TOW TRUCK OPERATOR

THE FILING OF AN APPLICATION DOES NOT CONSTITUTE PERMISSION TO OPERATE. A LICENSE MUST ACTUALLY BE IN POSSESSION OF THE LICENSEE BEFORE ANY OPERATION MAY BE LEGALLY CONDUCTED.

Failure to complete the required information or the giving of false information in the application may result in the denial of said application for a license or any renewal thereof, as well as cancellation or revocation in the event such license has been issued. **FALSIFICATION OF ANY STATEMENT MADE HEREIN IS AN OFFENSE PUNISHABLE BY A FINE AND/OR IMPRISONMENT.**

The licensing provided shall apply solely to Chapter 394 of the Laws of Rockland County. The issuance of a license is subject to verification under the requirements herein provided.

1. **THE APPLICATION MUST** have all questions answered accurately and completely, signed before a Notary Public and thereafter filed with this office in person.
2. **INDIVIDUALS** operating under a trade name must submit a certified copy of the trade name certificate filed in the Rockland County Clerk's Office.
3. **PARTNERSHIPS** operating under a trade name must submit a certified copy of the partnership certificate filed in the Rockland County Clerk's Office.
4. **CORPORATIONS** must submit a copy of the Secretary of State's receipt, showing the filing of the Certificate of Incorporation or its application for authority to do business in New York State.
5. **CRIMINAL CONVICTIONS:** List all criminal convictions within the last five- (5) years, except minor traffic violations for applicant, partners and corporate officers
6. **SUBMIT** copy of valid New York State driver's license.
7. **INSURANCE:** Each application for a license shall be accompanied by a certificate of **AUTOMOBILE LIABILITY** (Refer to NY State Vehicle & Traffic Law section 345(b)(3) for limits), **GARAGE LIABILITY INSURANCE**, and **GARAGE KEEPER'S LIABILITY INSURANCE** in a minimum of \$75,000 per occurrence
8. **VEHICLE IDENTIFICATION:** Submit a photocopy of the New York State Registration for the wrecker or tow truck.

9. SCHEDULE OF FEES: The application fee for licensing shall be \$325.00 plus \$75.00 per vehicle. Renewals are \$225.00 per license plus \$75.00 per vehicle per year, payable by check or money order, made out to the Rockland County Commissioner of Finance or by credit card.
10. IN THE PLACE OF BUSINESS, ONE COPY OF THE LICENSE SHALL BE AFFIXED IN A CONSPICUOUS PLACE. THE SECOND COPY SHALL BE MAINTAINED IN THE LICENSED VEHICLE AT ALL TIMES.
11. COMPANY NAME AND LICENSE NUMBER, 6” in height must be painted or permanently affixed on each side of the wrecker or tow truck. **MAGNETIC DEVICES ARE PROHIBITED.**
12. Applicant must submit Form C-105.2, Form SI-12 or Form U26.3 as proof that he or she has obtained the required workers’ compensation insurance and Form DB 120.1 or Form DB155 as proof of disability benefits coverage. County of Rockland, Consumer Protection Office must be listed as Certificate Holder. Only the most current version of the forms will be accepted.
13. Applicants who are not required by law to carry worker’s compensation and/or disability benefits insurance should submit Form CE-200. (Form CE-200, Certification of Attestation for New York Entities With No Employees And Certain Out of State Entities, That New York State Workers’ Compensation And/Or Disability Benefits Insurance Coverage Is Not Required). The form can be filled out electronically on the NYS Workers’ Compensation Board website at <http://www.wcb.ny.gov/>, click on common forms and search by form number. Print a finished form to submit with your application. Paper forms are available but estimated processing time for paper applications is four weeks.
14. Each applicant must complete and submit a completed and notarized Child Support Certification with their application pursuant to NYS General Obligations Law §3-503. If a business partnership, each partner must submit Child Support Certification.

TOW TRUCK LICENSES EXPIRE AUGUST 31st OF EACH YEAR

**LICENSE IS NOT TRANSFERABLE AND WILL BE MAILED TO THE
APPLICANT AFTER THE PROCESSING OF APPLICATION.**

(12/21)

**ROCKLAND COUNTY
DEPT OF WEIGHTS AND MEASURES
OFFICE OF CONSUMER PROTECTION
LICENSING DIVISION**

DO WRITE IN THIS SPACE

Lic. No. _____
 Receipt NO. _____
 Date: _____
 Fee Paid: \$ _____

**APPLICATION FOR LICENSE AS A TOW TRUCK OPERATOR
(ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE)**

CHECK BOX TO INDICATE TYPE OF OWNERSHIP

CORPORATION PARTNERSHIP INDIVIDUAL OWNER

Is the business currently licensed? Yes, list license number _____ Submit \$75 for each additional vehicle
 No, Submit \$325 Application Fee plus \$75 for each vehicle

Name of Business: _____

Assumed Name: _____

Business Address Street: _____

Town or Village: _____ State _____ Zip _____

Name of Applicant (Last, First, Middle): _____

Home Address Street: _____

Town or Village: _____ State _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____ Sex: F M

Business Phone No. (_____) _____ Home Phone No. (_____) _____

Partnership: Yes No If Yes, list name and address of each Partner:

Name: _____ Address: _____

Name: _____ Address: _____

Corporation/LLC/LTD/LP/LLP: Yes No If Yes, list name, title and address of any officer of the corporation or a designated agent of service upon whom process or other legal notice may be served.

Name: _____ Address: _____

Corporate Title: _____

Name: _____ Address: _____

Corporate Title: _____

ADDRESS OF WHERE TOWED VEHICLES ARE TO BE STORED	MAXIMUM NUMBER OF VEHICLES STORED	REGULAR BUSINESS HOURS

LIST ALL VEHICLES USED IN YOUR BUSINESS

YEAR	MAKE	TYPE	PLATE# (Submit copy of DMV Registration)	VIN#

Name of Vehicle Owner Other than Licensee: _____

Address: _____ Business Phone No. _____

Submit copy of written lease or other agreement by which the applicant has use of the vehicle

ARE THERE ANY CRIMINAL CONVICTIONS within the last five- (5) years except minor traffic violations of the applicant, partner (s) or if a corporation, each officer?

- No Yes - **If yes, please attach a List of All Criminal Convictions including the Date, Name, Charge, and Disposition – Court and Date.**

YOU ARE REQUIRED TO NOTIFY THIS OFFICE IMMEDIATELY OF ANY CHANGE (S) IN THE INFORMATION SUPPLIED BY YOU ON THIS APPLICATION.

NOTE: False statements made herein are punishable by a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

SIGNATURE OF APPLICANT

DATE

SWORN BEFORE ME THIS DATE:

COMM. OF DEEDS - NOTARY PUBLIC

_____ Day of _____ 20_____

County _____

No. _____

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Kimberly Von Ronn, Esq.
Director and Public Advocate

TO: Licensees & Applicants

RE: Child Support Certification

New York State law (General Obligation Law, Section 3-503) **REQUIRES** this office to gather information to allow the Department of Social Services to determine if applicants for a license issued by this office and those seeking to renew their license are in default of their obligation to pay child support.

Therefore, you must fill out the attached form completely and sign same before a notary. The information you supply will be checked by the Department of Social Services against a nationwide database to confirm that you are not in default on child support obligations.

PLEASE TAKE NOTICE that providing false information may result in criminal charges and, in addition, may result in the denial of your application or renewal of your license.

PLEASE TAKE FURTHER NOTICE that any persons who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits including, but not limited to, licenses issued pursuant to section 11-0713 of the environmental conservation law.

Thank you for your cooperation in this matter.

CHILD SUPPORT CERTIFICATION
Rockland County Office of Child Support Enforcement

To Be Filled Out By The Licensing Agency: Solid Waste Commission Department of Consumer Protection Department of Health
 Department of Public Safety County Clerk Other

LICENSE BEING APPLIED FOR

PRINT IN BLOCK LETTERS WITHOUT TOUCHING THE SIDES OF THE BOXES

T	O	W	I	N	G														
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THIS FORM MUST BE FULLY COMPLETED BY APPLICANT FOR APPLICATION TO BE VALID

Last Name	_____																														
First Name	_____																														
Social Security	__-__-__	Date of Birth	__-__-__	M	M	D	D	Y	Y																						
Home Address	_____																														
City	_____	State	__	Zip	_____																										

I, _____ being duly sworn make the following statement:

(Choose 1 or 2, and put an "X" in the box in front of whichever is appropriate)

1. I am **not** under a court or administrative order to pay child support, **OR**
 2. I am under an obligation to pay child support. My child support account number is (if applicable) _____

(If you chose #2, put an "X" in front of the applicable statement

- A. I do not owe arrears equal to 4 months or more of child support payments.
 B. I have arrears equal to 4 months or more of child support payments, and one of the following statements applies to me (check the appropriate boxes):
 I am making payments by income execution or by court agreed payment/re-payment plan or by a plan agreed to by the parties.
 My child support obligation is the subject of a pending court proceeding.
 I am currently in receipt of Public Assistance or Supplemental Security Income. My case number is _____
 C. I have arrears equal to 4 months or more of child support payments and none of the above statements in "B" apply to me.

I hereby authorize NYS Child Support, including Rockland County Child Support Enforcement Unit, to release any records pertaining to my child support case to the above-named Licensing Agency.

I hereby do solemnly swear that the information provided by me in this certificate is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me this _____ day _____ x _____ Signature
of _____, _____

Notary Public State of New York _____ Date

THE INTENTIONAL SUBMISSION OF FALSE WRITTEN STATEMENTS FOR THE PURPOSE OF FRUSTRATING OR DEFEATING PAYMENT OF SUPPORT IS PUNISHABLE PURSUANT TO SECTION 175.35 OF THE PENAL LAW. PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL AND/OR DRIVERS LICENSE.

DO NOT WRITE BELOW THIS LINE-FOR OFFICIAL USE ONLY

- Information verified, or status of case unknown to OCSE. Verifying Section & Supervisor: _____ Information is at variance with OCSE records. Date: __-__-__