



Chief of Police
Robert J. Gagne

Assistant Chief
Maximiano Martins

ORANGE DEPARTMENT OF POLICE SERVICE

314 Lambert Road, Orange CT 06477-0617

Phone (203) 891-2136 Fax (203) 891-2129

Orange Police Department Application Procedure for Tow List

The procedure and supporting documents required shall be submitted exactly as stated. Your application will be processed in a timely manner, however some procedures such as referrals to other agencies, may delay the process.

The following materials must accompany the application:

- Dealer or Repairer's License
- Liability Insurance Certificate
- Workers Compensation Certificate
- Tow Truck Registration and VIN #
- Flatbed Registration and VIN #
- Completed Waiver of Confidentiality Form
- Connecticut Operator's License
- Provide a telephone number that applicant can be reached at 24/7

Upon inspection and approval, copies of the above documents will be made, and the originals will be returned to the applicant.

**Applications should be submitted to the Office of the Administrative Lieutenant
located at 314 Lambert Road, Orange, CT**

Contact Lieutenant LaPlante at (203) 891-2130 Ext. 8218 or rlaplante@orange-ct.gov if any additional information is needed.

**Orange Police Department
Towing Application**

APPLICATION INFORMATION

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

CT MOTOR VEHICLE LICENSE NUMBERS (Provide all that apply):

General Repairers License #: _____

Limited Repairers License #: _____

New Car Dealers License #: _____

Used Car Dealers License #: _____

Provide the following information for all owners, partners, and/or entities with a financial interest in the company. Use additional pages as may be necessary.

NAME: _____

ADDRESS: _____

TITLE: _____ PERCENTAGE OF INTEREST: _____

NAME: _____

ADDRESS: _____

TITLE: _____ PERCENTAGE OF INTEREST: _____

NAME: _____

ADDRESS: _____

TITLE: _____ PERCENTAGE OF INTEREST: _____

NAME: _____

ADDRESS: _____

TITLE: _____ PERCENTAGE OF INTEREST: _____

Provide the following information for all businesses licensed by the Connecticut Motor Vehicle Department that any applicant, owner and/or permit holder (including all partners, members, directors, shareholders and/or officers) who owns, operates, or has an ownership interest. Use additional pages as may be necessary.

NAME: _____ TITLE: _____

BUSINESS ADDRESS: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

CT MOTOR VEHICLE LICENSE NUMBERS (Provide all that apply):

General Repairers License #: _____

Limited Repairers License #: _____

New Car Dealers License #: _____

Used Car Dealers License #: _____

NAME: _____ TITLE: _____

BUSINESS ADDRESS: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

CT MOTOR VEHICLE LICENSE NUMBERS (Provide all that apply):

General Repairers License #: _____

Limited Repairers License #: _____

New Car Dealers License #: _____

Used Car Dealers License #: _____

BACKGROUND CHECK INFORMATION

Requested information must be supplied for all applicants, owners, officers and /or employees. Use additional pages as may be necessary.

APPLICANT/OWNER (Circle all that apply):

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

OPERATOR/DIRECTOR/OFFICER (circle all that apply):

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

TOW OPERATORS:

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

NAME: _____

ADDRESS: _____

DOB: _____

CT OPERATOR LICENSE #: _____

WRECKER INFORMATION

Registration information must be supplied for all trucks. Make copies if necessary. Use additional pages as may be necessary.

Wrecker Make, Model and Year: _____

Wrecker Registration/ Plate Number: _____

Vehicle Identification Number: _____

Types of Services this Wrecker can provide: (check below)

Regular Vehicle Towing	Yes	No
Motorcycle Towing	Yes	No
Dolly Towing	Yes	No
Flatbed Towing	Yes	No

Wrecker Make, Model and Year: _____

Wrecker Registration/ Plate Number: _____

Vehicle Identification Number: _____

Types of Services this Wrecker can provide: (check below)

Regular Vehicle Towing	Yes	No
Motorcycle Towing	Yes	No
Dolly Towing	Yes	No
Flatbed Towing	Yes	No

Wrecker Make, Model and Year: _____

Wrecker Registration/ Plate Number: _____

Vehicle Identification Number: _____

Types of Services this Wrecker can provide: (check below)

Regular Vehicle Towing	Yes	No
Motorcycle Towing	Yes	No
Dolly Towing	Yes	No
Flatbed Towing	Yes	No

WRECKER INFORMATION (continued)

Wrecker Make, Model and Year: _____

Wrecker Registration/ Plate Number: _____

Vehicle Identification Number: _____

Types of Services this Wrecker can provide: (check below)

Regular Vehicle Towing	Yes	No
Motorcycle Towing	Yes	No
Dolly Towing	Yes	No
Flatbed Towing	Yes	No

Wrecker Make, Model and Year: _____

Wrecker Registration/ Plate Number: _____

Vehicle Identification Number: _____

Types of Services this Wrecker can provide: (check below)

Regular Vehicle Towing	Yes	No
Motorcycle Towing	Yes	No
Dolly Towing	Yes	No
Flatbed Towing	Yes	No

Wrecker Make, Model and Year: _____

Wrecker Registration/ Plate Number: _____

Vehicle Identification Number: _____

Types of Services this Wrecker can provide: (check below)

Regular Vehicle Towing	Yes	No
Motorcycle Towing	Yes	No
Dolly Towing	Yes	No
Flatbed Towing	Yes	No

**WAIVER OF CONFIDENTIALITY
AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby waive the privilege of confidentiality to which I otherwise am entitled and authorize the release and full disclosure of all records concerning me, including but not limited to:

**Arrests; traffic stops; other criminal and civil records and
all other information considered pertinent by the investigating officer.**

This information is being collected as part of a background investigation to determine my suitability to work with/for the Orange Police Department. Therefore, the Orange Police Department is hereby authorized to review my personal records and history for that purpose.

OWNER, OPERATOR, OFFICER OR TOW OPERATOR (circle one):

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE #: _____ STATE: _____

SIGNATURE: _____

WITNESS: _____