

**CONSUMER PROTECTION / WEIGHTS & MEASURES**

18 New Hempstead Road, Sain Building, 6<sup>th</sup> Floor  
New City, New York 10956  
Phone: (845) 708-7600 Fax: (845) 708-7616  
Email: CPLCAL@co.rockland.ny.us

**Terry D. Grosselfinger, Esq.**  
*Director and Public Advocate*

Gentlemen:

Chapter 394 of the Laws of Rockland County, formerly Rockland County Local Law No. 9 of 1979, 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.

Sincerely,

Terry Grosselfinger  
Director

TDG/ko  
Encl.

**OFFICE OF CONSUMER PROTECTION  
LICENSING DIVISION  
COUNTY OF ROCKLAND  
18 New Hempstead Road, Sain Building  
New City, NY 10956**

**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.**

1.

The licensing provided shall apply solely to Chapter 394 of the Laws of Rockland County, formerly Rockland County Local Law No. 9 or 1979. 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 ten- (10) years, except minor traffic violations.
6. **INSURANCE:** Each application for a license shall be accompanied by a certificate of **AUTOMOBILE AND GARAGE LIABILITY INSURANCE, WITH POLICY LIMITS OF NOT LESS THAN \$100,000 PER PERSON AND \$300,000. PER ACCIDENT FOR BODILY INJURY AND NOT LESS THAN \$50,000 FOR PROPERTY DAMAGE.**
7. **VEHICLE IDENTIFICATION:** Submit a photocopy of the New York State Registration for the wrecker or tow truck.

8. SCHEDULE OF FEES: The fee for licensing shall be \$100.00 per vehicle per year, payable by check or money order only, made out to the Rockland County Commissioner of Finance.
9. 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.
10. COMPANY NAME must be painted or permanently affixed on each side of the wrecker or tow truck. **MAGNETIC DEVICES ARE PROHIBITED.**
11. 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.
12. 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.
13. In addition, you must submit proof that you possess a New York State Sales Tax Identification Number.
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.

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

(2/16)

**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 WRECKER OR TOW TRUCK OPERATOR  
(A SEPARATE APPLICATION MUST BE FILED FOR EACH WRECKER OR TOW TRUCK)  
ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE**

**DO NOT FOLD, SPINDLE OR MUTILATE**

CHECK BOX TO INDICATE TYPE OF OWNERSHIP

CORPORATION       PARTNERSHIP       INDIVIDUAL OWNER

Name of Business: \_\_\_\_\_

Business Address Street: \_\_\_\_\_

Town or Village: \_\_\_\_\_

Trade, Assumed or Display Name: \_\_\_\_\_

Name of Applicant (Last, First, Middle): \_\_\_\_\_

Home Address Street: \_\_\_\_\_

Town or Village: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex: F  M  Height: \_\_\_\_\_ Inches \_\_\_\_\_ Weight: \_\_\_\_\_ Pounds \_\_\_\_\_

Eyes: Color \_\_\_\_\_ Hair Color: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Citizen of U.S.A. Yes  No  Business Phone No. (\_\_\_\_\_) \_\_\_\_\_ Home Phone No. (\_\_\_\_\_) \_\_\_\_\_

Partnership: Name and Address of each Partner:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name of Vehicle Owner Other than Licensee: \_\_\_\_\_

Address: \_\_\_\_\_ Business Phone No. \_\_\_\_\_

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

Tow Truck Year: \_\_\_\_\_ Make: \_\_\_\_\_ Type: \_\_\_\_\_ Plate No. \_\_\_\_\_ Vehicle I.D. No. \_\_\_\_\_

Address where tow truck is domiciled or garaged: \_\_\_\_\_

Address where towed vehicles are to be stored: \_\_\_\_\_

Maximum number of vehicles to be stored at above address: \_\_\_\_\_

Wrecker or Tow Truck Liability Insurance. Submit Copies of Certificates.

**LIST ALL UNSATISFIED JUDGEMENTS in which the applicant, partner (s) or if a corporation, each officer are named as judgement debtors. If none so state. (Use extra sheets if necessary).**

Date	Name of Judgement Debtor	Name of Judgement Creditor	Disposition - Court and Date

**LIST ALL CRIMINAL CONVICTIONS within the last ten- (10) years except minor traffic violations of the applicant, partner (s) or if a corporation, each officer. If none, so state. (Use extra sheets if necessary).**

Date	NAME	CHARGE	Disposition - Court and Date

**INSURANCE AND SALES TAX INFORMATION**

Worker's Compensation Insurance Policy No. \_\_\_\_\_ Name of Company: \_\_\_\_\_  
 \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
 Liability Benefits Insurance Policy No. \_\_\_\_\_ Name of Company: \_\_\_\_\_  
 \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
 N.Y.S. Sales Tax Authorization No. \_\_\_\_\_

**(SUBMIT CERTIFIED COPIES OF CERTIFICATES FOR ABOVE)**

**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. \_\_\_\_\_

IF NOTARIZED OUTSIDE THE STATE OF NY MUST HAVE ANNEXED HERETO A COUNTY CLERKS AUTHENTICATING CERTIFICATE.

**CONSUMER PROTECTION / WEIGHTS & MEASURES**

18 New Hempstead Road, Sain Building, 6<sup>th</sup> Floor  
New City, New York 10956

Phone: (845) 708-7600 Fax: (845) 708-7616  
Email: CPLCAL@co.rockland.ny.us

**Terry D. Grosselfinger, Esq.**  
*Director and Public Advocate*

TO: Licensees & Applicants

FROM: Terry D. Grosselfinger, Esq.  
Director

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.

I thank you for your cooperation in this matter.

TDG  
Attach.

