

POLICE DEPARTMENT
Town of Trumbull
CONNECTICUT 06611



158 EDISON ROAD
TRUMBULL, CONNECTICUT 06611

P (203) 261-3665
F (203) 452-5162

**TRUMBULL POLICE DEPARTMENT
TOWING APPLICATION**

Date of Application: _____

NAME OF GARAGE: _____

ADDRESS: _____

PHONE # DAY: _____ PHONE # EVENING: _____

24 HOUR BUSINESS PHONE #: _____

APPLICANT'S NAME AND HOME ADDRESS: _____

OWNER'S NAME AND HOME ADDRESS: _____

*If listed as a corporation, a copy of the State Corporation Report must be attached.

AN ACCEPTANCE FEE OF \$2,500 DOLLARS SHALL BE PAID TO THE TRUMBULL POLICE DEPARTMENT AT THE TIME OF ACCEPTANCE.

FAILURE TO PROVIDE OR GIVING FALSE INFORMATION REQUESTED WILL BE GROUNDS FOR REJECTING THIS APPLICATION.

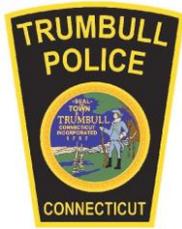
I HAVE RECEIVED, READ AND AGREE TO COMPLY WITH ALL PROVISIONS OF THE TRUMBULL POLICE DEPARTMENT TOWING POLICY EFFECTIVE MAY 23, 2013. I UNDERSTAND THAT FAILURE TO COMPLY WITH ANY OF THE PROVISIONS MAY BE GROUNDS FOR SUSPENSION OR REMOVAL FROM THE WRECKER ROTATION LIST.

Date _____ Applicants Signature _____

Subscribe and sworn to before me this _____ day of _____ 2013.

Signature of Notary

Commission Expires



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Insurance Coverage

Please provide the following with respect to insurance coverage as required by Section I 1-7 of the Revised Trumbull Police Department Towing Policy;

A. COMMERCIAL GENERAL LIABILITY INSURANCE

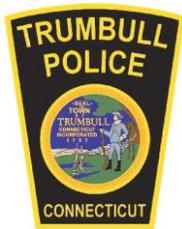
1. Name and address of Commercial General Liability Insurer:
2. Policy Number:
3. Name of Insured:
4. Effective Dates of Policy:
5. Provide Certificate of Insurance naming Town of Trumbull as Additional Insured

B. BUSINESS AUTOMOBILE INSURANCE

1. Name and address of Business Auto Insurer:
2. Policy Number
3. Name of Insured
4. Effective Dates of Policy
5. Provide Certificate of Insurance naming Town of Trumbull as Additional Insured

C. WORKERS COMPENSATION INSURANCE

1. Name and address of Workers Compensation Insurer
2. Policy Number
3. Name of Insured
4. Effective Dates of Policy
5. Provide Certificate of Insurance naming Town of Trumbull as Additional Insured



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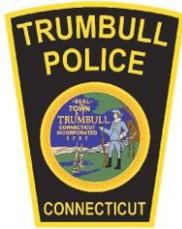
**TOW POLICY PROCEDURES
RECORD CHECKS**

In accordance with Section II subsection C and Section IV subsection E of the Trumbull Police Department Towing Policy applicants should be aware of the following:

The applicant/owner and all tow operators have to submit to a criminal background check. This will require that the applicant and each tow operator sign a waiver for the release of background information and be fingerprinted. The fingerprint process will incur a cost of a State fee in the amount of \$50.00 in the form of a cashier's check payable to the "Treasurer-State of CT" as well as an FBI fee in the form of a cashier's check in the amount of \$14.75 also payable to the "Treasurer-State of CT."

Each applicant and every tow operator is to schedule an appointment for fingerprinting by calling the Detective Bureau between the hours of 8 a.m. and 4 p.m., Monday thru Friday at 203-261-7879.

Please see attached Waiver Form and copy as necessary.



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**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; other criminal and civil records;
All other data 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 Trumbull Police Department. Therefore, the Trumbull Police Department is hereby authorized to review my personal records and history for that purpose.

APPLICANT /OWNER / TOW OPERATOR: (circle one)

NAME: _____ DATE OF BIRTH: _____

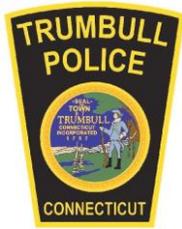
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE #: _____ STATE OF LICENSE: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____



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BACKGROUND CHECK INFORMATION

Applicant/Owner

NAME:

ADDRESS:

DOB:

CT OPERATOR LICENSE #:

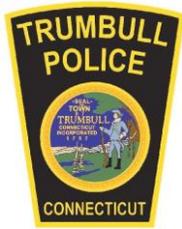
Tow Operators

NAME:

ADDRESS:

DOB:

CT OPERATOR LICENSE #:



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Tow Operators

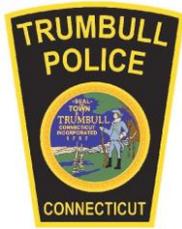
NAME: _____
ADDRESS: _____
DOB: _____
CT OPERATOR LICENSE #: _____

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**TRUMBULL POLICE DEPARTMENT
 TOWING APPLICATION**

(Registration Information for All Trucks)
make copies if necessary

Wrecker Make, Model and Year _____
 Wrecker Registration Number _____
 Vehicle ID Number _____
 CT M.V. Gen. Rep. License # _____
 Used/New Car License # _____
 Limited Repair License # _____

Types of Service 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 Number _____
 Vehicle ID Number _____
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 Used/New Car License # _____
 Limited Repair License # _____

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Dolly Towing	Yes	_____	No	_____
Flatbed Towing	Yes	_____	No	_____

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification³ by TRUMBULL POLICE DEPARTMENT that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.⁴
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁵
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- If you need additional information or assistance, please contact:

<p>Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480</p>	<p>Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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³ Written notification includes electronic notification, but excludes oral notification.

⁴ See 28 CFR 50.12(b).

⁵ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Federal Bureau of Investigation
United States Department of Justice
Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).