CITY OF SANTA FE
SANTA FE POLICE DEPARTMENT WRECKER SERVICES PROGRAM
WRECKER ROTATION ORDINANCE PROGRAM

Wrecker Services Program:

Santa Fe Police Department
Wrecker Services Unit
2515 Camino Entrada
Santa Fe, New Mexico 87507
(505)955-5010

Authority:

City of Santa Fe Council Bill #_____
Enactment _____

Instructions: All questions/terms on this application must be answered completely; write N/A if any item is not applicable to your business. Attach additional pages if necessary to complete your answer and be certain to make reference to the particular question or exhibit by number. All requested exhibits must be included or this application will be considered incomplete. Return this completed application with application fee to the Santa Fe Police Department (SFPD) Wrecker Services Program.

This application is for the period of July 1, _____ to June 30, _____. Please contact the SFPD at 505-955-5010 if you have any questions about preparing this application. If you have any questions concerning the administration of the wrecker ordinance, please call Wrecker Services Unit (SFPD) at 505-955-5010. For questions involving insurance or wrecker inspections, call the City Risk Management Division at 505-955-5621. Finally, the City Zoning Division may be contacted at 505-955-6560 for questions concerning facility inspections.

Each application hereunder shall be accompanied by a four hundred dollar ($400.00) application fee; one hundred ($100.00) of this fee shall be non-refundable only (if) the applicant is refused placement on the rotation list.

_____

_____

Application is hereby made for inclusion in the City of Santa Fe Wrecker Rotation Ordinance Program and indicated below:

[ ] Class A & B

Date of Application: _____

[ ] Class C & D

I. The name, home address and proposed business address of the applicant and its officers or agents is as follows:

A. NAME OF APPLICANT:_____

DOING BUSINESS AS : _____

STREET ADDRESS: _____
_____
_____

MAILING ADDRESS: _____
_____
_____

TELEPHONE NUMBER: _____ FAX _____

PLACE OF BIRTH: _____ DATE OF BIRTH _____

SSN: _____

B. OWNER OR OFFICER NAME & TITLE: _____

HOME ADDRESS: _____
_____
_____

TELEPHONE NUMBER: _____ FAX: _____

SSN: _____ % OF OWNERSHIP: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

C. OWNER OR OFFICER NAME & TITLE: _____

HOME ADDRESS: _____
_____
_____

TELEPHONE NUMBER: _____ FAX: _____

SSN: _____ % OF OWNERSHIP: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

D. AGENT FOR APPLICANT: _____
(NAME AND TITLE)

HOME ADDRESS: _____
_____
_____

TELEPHONE NUMBER: _____

II. Attach copy of Certificate of Public Convenience and Necessity issued by the New Mexico Public Regulatory Commission (PRC) to your business or to another business from which you are leasing such certificate. Attach copy of such lease, if applicable.

III. What is the PRC permit number for your business? _____
and Certificate of Good Standing from the PRC

IV. City of Santa Fe Business Registration Fee account number is _____
and the $35.00 fee due for the current year was paid on _____
Date

and a Tax Clearing Certificate from NM Tax and Revenue Dept. dated within the last ninety (90) days of application.

V. Copies of the Garage Insurance policy with all coverage's, which meet the specified requirements below, are required to be submitted with this application.

Each policy shall name the City as additional insured and shall contain an endorsement providing for thirty (30) days notice to the City in the event of any material changes or cancellation. **No policy shall meet City reuirements if it includes a provision disclaiming liability for failure to give such notice.**

Copies of the garage insurance policy with all coverage which meets the specified requirements below are to be attached and submitted with this applicant

1. ***Motor Vehicle Liability:*** Each vehicle must have a minimum of **$750,000**. Per occurrence for Bodily Injury (**BI**) to or death of all persons injured or killed and property damage.
2. **Garage Keepers Legal Liability:** minimum of $50,000.
3. **On the Hook Liability**: minimum of $50,000.

VI. Attach a complete diagram of the business premises to scale with dimensions clearly showing all areas to be used for towed vehicles storage, including any inside storage space.

How many unused parking spaces within the fenced storage area are available for towing storage as of the date of this application? _____

Is the storage area fenced to a minimum of six (6) feet in height around the entire perimeter of the storage area with adequate lighting and locking facilities? [ ] YES [ ] NO.

Do you have a building at the storage location which is capable of storing a minimum of two (2) full size passenger cars and which may be locked and which is not accessible to the general public? [ ] YES [ ] NO.

Business Hours: While on City of Santa Fe wrecker rotation list, the wrecker's office must be opened a minimum of Monday through Friday 8 am until 5:00 pm. Saturday and Sunday shall be considered **"extended hours"** as defined in the **Public Regulation Comission Tarif**: While not on rotation, the wrecker must keep regular business hours; open 8:00 am until 5:00 pm Monday through Friday, as a minimum, with the exception of legal holidays.

VII. How many wreckers do you have, _____? Attach a separate Wrecker Description and Availability Exhibit for each of these wreckers used in the business.

VII. **The undersigned applicant, being first duly sworn upon oath certifies the following:**

A) That we will conduct our operations in a responsive manner such that our equipment will be on the scene within thirty (30) minutes of a wrecker call under **normal circumstances.**

B) That I have read the new City of Santa Fe Wrecker Ordinance (_____) and agree to abide by its requirements should this application be accepted by the City. Understand that failure to comply with any of the provisions of this Ordinance may result in removal from the Wrecker Rotation Program.

C) That I have sufficient available fenced storage space to properly accommodate and protect all motor vehicles to be towed, and that I have the required unobstructed space to accommodate impounded vehicles.

D) That, if this application is approved, any change in herein provided information shall be fully reported in writing to the Santa Fe Police Department, Wrecker Services Unit within ten (10) days of such change.

E) That I have prepared the foregoing application, I am familiar with its contents that all representation hereon is true to the best of my knowledge.

_____

APPLICANT'S NAME

_____

COMPANY TITLE

Subscribed and sworn before me this _____ day of _____, 20___

_____

Notary Public Date

My Commission Expires:

_____

SANTA FE POLICE DEPARTMENT
WRECKER ORDINANCE ROTATION APPLICATION
WRECKER DESCRIPTION AND AVAILABILITY EXHIBIT

Applicant's name: _____

Wrecker Number: _____ OF _____

Make _____ Year _____ License Plate _____

Vehicle Identification Number _____ Gross Vehicle Weight_____

Owned by _____ Mileage _____

Is this wrecker available on a continuous (24-hour) per day basis seven (7) days a week for the purpose of this application? [ ] YES [ ] NO. Explain "NO" answer: _____

_____

_____

Is the name, address and PRC number of your company permanently lettered on doors at least **2" high**? [ ] YES [ ] NO. Explain "NO" answer: _____

_____

_____

Is wrecker equipped with two way radio (not a C.B.) licensed by the FCC to operate on commercial or automotive emergency frequency? [ ] YES [ ] NO. Explain "NO" answer: _____

_____

_____

Is the body of this wrecker commercially manufactured? [ ] YES By whom: _____
_____ [ ] NO Explain "NO" answer: _____

_____

_____

What is the manufacturer's rating of lifting capacity? _____

Please substantiate this rating by attaching manufacturer's specifications of winch and truck chassis to this Exhibit.

What length of winch rated cable is attached to wrecker winch? _____ How is winch powered? _____

Does this wrecker meet the following criteria?

[ ] YES [ ] NO 1. Rear end wheels and tires are sized for the truck chassis rated capacity;
[ ] YES [ ] NO 2. Full air capacity with the manufacturer's rated brakes so constructed as to lock the rear wheels automatically upon failure;
[ ] YES [ ] NO 3. Able to provide air supply to disabled vehicle when necessary;
[ ] YES [ ] NO 4. Have external air hookup hoses.

Check below if any of the specialized equipment on this wrecker is in a serviceable condition.

_____ 1. Car carrier (flat bed)
_____ 2. Wheel lifts (cradle-snatcher)
_____ 3. Wheel lift (under lift)

Make additional copies for additional vehicles on rotation.

SANTA FE POLICE DEPARTMENT
WRECKER ORDINANCE ROTATION APPLICATION
EMPLOYEE INFORMATION LIST

NAME OF BUSINESS: _____ DATE _____

EMPLOYEE NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____ CELL NUMBER: _____

DATE & PLACE OF BIRTH (City): _____
(State): _____
(Date): _____

SOCIAL SECURITY NUMBER: _____
DRIVERS LICENSE NUMBER: _____
EMPLOYEE DUTIES: _____

LIST ALL FELONIES AND MISDEMEANOR CONVICTIONS, DATE, PLACE, OFFENSE:

HOW LONG EMPLOYED BY THIS BUSINESS: _____

Make additional copies for additional personnel.

NAME OF BUSINESS: _____ DATE _____

EMPLOYEE NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____ CELL NUMBER: _____

DATE & PLACE OF BIRTH (City): _____
(State): _____
(Date): _____

SOCIAL SECURITY NUMBER: _____
DRIVERS LICENSE NUMBER: _____
EMPLOYEE DUTIES: _____

LIST ALL FELONIES AND MISDEMEANOR CONVICTIONS, DATE, PLACE, OFFENSE:

HOW LONG EMPLOYED BY THIS BUSINESS:

****ATTACH A COPY OF EACH TOW TRUCK DRIVER'S CURRENT NM DRIVER'S LICENSE, CURRENT MEDICAL CERTIFICATE AND RECORDS CHECK TO THIS FORM!**