



DEPARTMENT OF CONSUMER AND  
WORKER PROTECTION (DCWP)  
LICENSING CENTER  
42 Broadway, Lobby  
New York, NY 10004

NYC SMALL BUSINESS  
SUPPORT CENTER  
90-27 Sutphin Blvd, 4th Floor  
Jamaica, NY 11435

**By Appointment Only Hours:**

Monday-Thursday: 8 a.m. – 4 p.m.  
Last appointment: 3:30 p.m.

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## TOW TRUCK COMPANY RENEWAL – AFFIRMATION

Business Name:	
Doing-Business-As (DBA)/Trade Name:	
DCWP License Number:	
Will the business tow vehicles from private properties?	<input type="checkbox"/> Yes* <input type="checkbox"/> No  <i>*If Yes, you must also submit an accurate, complete, and current list of private properties from which you tow vehicles and a copy of such contract(s). Note: You must notify DCWP of any changes to the submitted list (e.g., name or address of private property owner) within 15 days of the change.</i>
Please select the credit card(s) your business accepts:	<input type="checkbox"/> American Express <input type="checkbox"/> Diners Club <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Other. Please specify: _____
<b>ROTOW Program Participants:</b> Your premises must be open for redemption of vehicles from 9 a.m. to 4 p.m., Monday through Friday. Please indicate if your premises will be open during these hours on:	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday

I affirm the following:

- I am authorized to complete and submit this affirmation on behalf of the Tow Truck Company named above.
- I have knowledge of and authority with regard to the policies and practices of the Tow Truck Company named above.
- The Tow Truck Company named above accepts from any vehicle owner and/or operator payment by credit card for all fees incurred in accordance with generally accepted business practices.
- I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Title/Position

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date