

Bayonne Police Department

Application for Contractor Registration

Name of Person Submitting Application _____

Address _____ City _____ Zip _____

Tel. No. _____ Fax _____ Cell No. _____ Email _____

Birth Date _____ DL No. (incl. state) _____ SSN _____

Name of Business (Specify LLC, Inc., Corp., Etc.) _____

Address _____ City _____ Zip _____

Office Tel. No. _____ Fax _____ Email _____

FID / EIN No.: _____ NJ Contractor License No. _____

Name of Principal or Owner of Business _____

Name of other owners, principals, site supervisors, responsible company individuals:

First Name	Last Name	Title	Date of Birth	Telephone No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Insurance Information: Company Name _____

Address _____ City _____ Zip _____

Telephone No. _____ Policy No. _____ Expiration Date _____

Applicant must attach a completed indemnification form, title page of insurance listing the City of Bayonne, and a clear photocopy of an official government issued photo ID card for each individual listed

On behalf of the above listed parties, I have been advised that work performed within the City must conform to the Manual on Uniform Traffic Control Devices (MUTCD), local ordinances, state and federal laws, rules and guidelines. Violations may result in the issuance of summonses and all work will be suspended, stopped or not permitted to begin until coming into compliance. All equipment and signage is the responsibility of the contractor and shall be in accordance with MUTCD standards.

Applicant (Print) _____ (Sign) _____ (Date) _____

Official Use Only – Do Not Write Below The Line

Date _____ Accepted by: _____ CC# _____ Assigned ID# **CRN** _____