

Bayonne Police Department

Application for Contractor Registration

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

Address _____ City _____ State _____ Zip _____

Email _____ Business Phone# _____ Fax# _____

FF EIN # _____ NJ Contractor License # _____

Owner/Principal Name _____ Cell Phone # _____

Birth date _____ D/L # (State / #) _____ / _____

Other worksite responsible owners, principals, and individuals who will submit Work Site Evaluation requests:

First, last name	Date of Birth	Cell Telephone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Insurance Information: Company name _____

Address _____ City _____ State _____ Zip _____

Telephone # _____ Email _____

Policy # _____ Expiration date _____

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) and local ordinances, as well as all 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. All information posted and linked at <http://www.bayonnepd.com/worksites.htm> has been reviewed and is understood. Any Police Officer hiring as required is done through Jobs4Blue. Any work not scheduled at the time of the Evaluation shall be scheduled with the Traffic Unit prior to any hiring of Police or work being conducted.

Applicant (Print) _____ Birth date _____

Applicant (Sign) _____ Date _____

Official Use Only – Do Not Write Below The Line

Date _____ Accepted by: _____

Assigned ID# **CRN**