

Dear Contractor,

Thank you for your interest in becoming an AAA Affiliated Service Provider.

For your information, AAA Western and Central New York requires each Independent Contractor to secure the following:

- **Business paperwork** (Copy of your Business certificate, Copy of your Tax ID #, etc.)
- **Garage liability insurance in the amount of \$1,000,000 per incident**
- **Workman's Compensation Insurance** (*including sole proprietorships*)

Please enclose the above information with the application packet.

Upon receipt of the completed application, a representative from AAA will review the application, and will be in contact.

Prior to acceptance as an AAA Affiliated Service Provider, a thorough background investigation will take place. This includes visits to your facility, pictures taken of your vehicles and/or staff, Department of Motor Vehicle and criminal background checks,

- For the background checks we will need the following information from you.
- Valid Drivers License Front & Back
- Date of Birth
- Social Security Number
- Current Home Address

Completion of the application does not guarantee acceptance as an AAA Affiliated Service Provider.

Please complete the enclosed information, and return as soon as possible.
Again, thank you for your interest in AAA, and we hope to hear from you soon.

**By Mail: AAA WCNV
 Attn: Holly Wentlent
 505 Duke Rd, Suite 500
 Cheektowaga, NY 14225**

By Fax: (716) 683-6087

By Email: Holly.Wentlent@nyaaa.com

**APPLICATION
INDEPENDENT EMERGENCY ROAD SERVICE CONTRACTOR
AAA WESTERN AND CENTRAL NEW YORK**

Name _____

Type of Facility _____

Address _____

Current Hours of Road Operation _____

Telephone Numbers: Day _____ Night _____ Cell _____

Tax Identification Number _____

Length of Operation Under Present Ownership _____

Owner's Name _____

Address _____

Telephone Number _____

In which of the following areas do you currently provide service?

Starting _____ Tire Changing _____

Winching _____ Lockouts _____

Towing _____ Fuel/Water Delivery _____

How much do you carry in garage liability insurance?

Amount? _____

Carrier _____

Who is your carrier for workman's compensation insurance?

Carrier _____

List any towing or service vehicle owned and operated by your facility below

Vehicle Type (Flatbed, Wheel Lift, etc)	Year	Make	Class (Light, Medium, Heavy)

List current employees that currently provide towing service for your facility

Name	Driver's License #	License Class and Endorsements

List any jurisdictional licenses or permits below (City, Town, Village, etc):

Jurisdiction	Expiration

List any professional affiliations or certifications below (IITR, TRAA, WreckMaster, etc..)

Organization	Date Certified (If Applicable)

Please list three *towing or repair industry* references below

Name	Company	Telephone Number	Years Known

Are the employees of your organization outfitted with uniforms?

Yes _____ No _____

If yes, which supplier provides the uniforms?

Do you test employees for drugs and/or alcohol?

Yes _____ No _____

Which of the following do you carry on your vehicle(s)?

- | | | | | | |
|---------------------|-------|---------------------|-------|-------------------|-------|
| Jumper Cables | _____ | Basic Hand Tools | _____ | Snatch Block | _____ |
| Start-All | _____ | Dolly Wheels | _____ | Tow Chain | _____ |
| Scotch Blocks | _____ | Motorcycle Sling | _____ | 4 x 4 | _____ |
| Air Tank/Compressor | _____ | Steering Wheel Lock | _____ | Spacer Blocks | _____ |
| Jack | _____ | Broom | _____ | Fire Extinguisher | _____ |
| 4-way Metric/Reg | _____ | Shovel | _____ | Wire Dryer | _____ |
| Lockout Tools | _____ | Safety Chains | _____ | Flashlight | _____ |

I swear that I have completed this application truthfully.

Owner's Signature

Date

AAA Western and Central New York

Authorization and Consent for Release of Information

AAA Western and Central New York conducts background checks on all potential Emergency Road Service Contractors. We require the following information to facilitate the background check process.

A date of birth is needed to process your background investigation. It is intended solely for that purpose and will not be used in any decisions.

Driver's License _____/_____/_____

Date of Birth _____/_____/_____

Social Security Number _____-_____-_____

Current Address _____

I authorize AAA Western and Central New York and its agents to investigate my background as it pertains to considerations as an Emergency Road Service Provider. This may include investigation of past or current (if applicable) employers, personal references, educational institutions, credit history, criminal records and information in public records. I release all such persons and sources from any liability or damages on account of having furnished such information.

I authorize that a telephonic facsimile (FAX) or photocopy of this authorization be accepted with the same authority as the original.

Printed Name

Signature

Date