

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 _____

*Applicant must attach a completed and notarized indemnification form, title page of insurance listing the City of Bayonne, 630 Avenue C Bayonne NJ, 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) and local ordinances, as well as all state and federal laws, rules and guidelines. All information posted on the web page has been read and is understood. 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) _____ Birth date _____

Applicant (Sign) _____ Date _____

Official Use Only – Do Not Write Below The Line

Date _____ Accepted by: _____

Assigned ID# CRN